The mission of the North Dakota Episcopal Foundation for Ministry in Higher Education Scholarship is to encourage students to continue faithful worship, active involvement in congregations, and growth of their own spirituality during their higher education years.

Mail Scholarship Application To:
Episcopal Foundation for Ministry in Higher Education
C/O Diocesan Office
3600 25th Street South
Fargo, ND 58104-6861
Qualifications (Required Documentation):

1. Member of Episcopal Diocese of North Dakota Churches
2. Member of Episcopal Diocese of North Dakota Churches, attending college and Episcopal churches outside of North Dakota
3. Member of out of state Episcopal Churches who attend Episcopal Diocese of North Dakota Churches while in college

Scholarships are for one semester. New and renewal applications are due December 1 and June 1. Renewal funds will be sent when grades and documentation signed by rector or rector’s designee are received.

1. Level 1 Scholarship: $500 per semester.
   a. Requires 70% documented attendance in an Episcopal Church, either or both in your home church or in your college location.

2. Level 2 Scholarship: $750 per semester.
   a. Requires 70% documented attendance in an Episcopal Church, either or both in your home church or in your college location.
   b. Requires volunteer service for three events in either or both your home church or your college location.
      i. Qualifying service may include Sunday School, church music, janitor, landscape, funeral, lector, Bible Study, fundraisers and others. Please inquire for other events that qualify.

3. Level 3 Scholarship: $1000 per semester.
   a. Requires 70% documented attendance in an Episcopal Church, either or both in your home church or in your college location.
   b. Requires volunteer service for ten events in either or both your home church or your college location.
      i. Qualifying service may include Sunday School, church music, janitor, landscape, funeral, lector, Bible Study, fundraisers, and other activities. Please inquire for other events that qualify.
Date of application___________________ Postmark date____________________________

1. Name of Applicant ____________________________________________ 2. Date of birth ________________
   Home Address: College Address:
   City__________________________________________ City_______________________________
   State____________________ Zip______________ State____________________ Zip______________

4. E-mail ______________________________________________________

5. Phone #(Home)___________________(College)___________________(Cell)___________________

6. Parent/Guardian ____________________________________________

7. Home Church ______________________________________________

8. Home Church Address_______________________________________ City__________________________St/Zip
   Home Church Rector or
9. Rector’s Designee____________________________________________ 10. Phone___________________

11. Please describe your activities at your home church (attendance, clubs, Bible study, service activities (add sheets if necessary). In your response, be specific about the spiritual and personal needs which the church fills for you.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. Level of Support Sought   Level 1 _______ Level 2 _______ Level 3 _______ Part-time_______

13. College, Trade School, or University (include complete address)_____________________________________________

14. Episcopal Church in Post-Secondary Community: ____________________________________________

_____________________________________________________________________________
15. **Required**: List who you contacted from the Episcopal Church in the community where you will attend post-secondary schools or training centers.

   Name______________________________
   Church_______________________________
   Address______________________________
   City_____________ State_____ Zip code _____

16. Please describe your commitment for the level of support you are requesting. Please be specific about the arrangements you have made with the Church you will attend.

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

17. Is this your first EFMHE application (circle one)       YES       NO
(If renewing, use Continuing Support form (Application B).

18. **Required documents to include with application:**

   A. High school or post-secondary transcript, which includes grade point average
   B. Notification of acceptance at Post-secondary institution
   C. Two letters of recommendation, at least one from a home church official

19. Mail Application To: **NOTE NEW ADDRESS**
    Episcopal Foundation for Ministry in Higher Education
    C/O Diocesan Office
    3600 25th Street South
    Fargo, ND 58104-6861
Application B
Episcopal Foundation for Ministry in Higher Education
Renewal Form
Postmark by June 1 for Summer and Fall Semester, December 1 for Second Semester

Postmark

1. Name of Applicant ___________________________ 2. Date of birth ________________
Home Address ___________________________ College Address ___________________________
City ___________________________ City ___________________________
State Zip ___________________________ State Zip ___________________________

5. Ph: (Home) (College) (Cell) ___________________________

6 Level of Support Sought Level 1 Level 2 Level 3 Part-time

7. Required Documentation:

1. Grade report from most recent semester or quarter by January 15 or by June 15. This does not have to be an official transcript.
2. Completed Service and Activity Form

Services and Activities Documentation Form
To be completed by scholarship recipient and church rector or designee

1. (Student) has attended about 70% or more of Sunday services. Additional services at home church: ________________%.

2. Other activities (student lists):

A. __________________________________________
B. __________________________________________
C. __________________________________________
D. __________________________________________
E. __________________________________________
F. __________________________________________

Additional Comments: __________________________________________

__________________________________________

Student’s Signature ___________________________ Date

Rector or Designee’s Signature ___________________________ Position ___________________________ Date ________
List of Scholarships available

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