



**ST MARK**  
P R E S B Y T E R I A N   C H U R C H

Scholarship Application  
2023-2024 Academic Year

Approved 5.24.2021

Revision Date: 2/26/2021

# St. Mark Presbyterian Church

Hello future scholars,

The St. Mark Scholarship Fund was established by the generosity of congregation members in order to assist church members pursue their academic dream.

Whether you are seeking an associates, bachelors, masters, or technical certification, you may qualify for a St. Mark Scholarship. Recipients of the St. Mark Scholarship are those congregation members that exemplify characteristics of community and church involvement. Applicants must have been a member of St. Mark Presbyterian Church for at least one year and actively participating in the life of the church.

The St. Mark Scholarship Committee looks forward to reading about your achievements, goals, and dreams and wishes you all the best in your future endeavors.

# St. Mark Presbyterian Church

## Higher Education Scholarship Requirements

### High School Students

Your application submission should include the following:

- Scholarship application
- Letter of request
  - Your letter should include a request for the scholarship and how the scholarship will help your academic career. Be sure to include family, high school or college accomplishments, outside activities, participation and service at St. Mark, areas of community service, hobbies, and goals for the future.
- Two letters of recommendation
  - Please be sure to include the letters of recommendation provided by your references with your packet.
  - One letter **MUST** be from a member and/or staff of St. Mark.
- Certified verification of GPA
- A personal essay
  - Write a one hundred-word (minimum) essay on ONE of the following:
    - Most memorable church schoolteacher (i.e. Sunday school) or leader
    - What influence has St. Mark Presbyterian Church had on your journey of faith
- Information release

### 2<sup>nd</sup> Year or Returning to College Students

Your application submission should include the following:

- Scholarship application
- Letter of request
  - Your letter should include a request for the scholarship and how the scholarship will help your academic career. Be sure to include family, high school or college accomplishments, outside activities, participation and service at St. Mark, areas of community service, hobbies, and goals for the future.
- Two letters of recommendation
  - Please be sure to include the letters of recommendation provided by your references with your packet.
  - One letter **MUST** be from a member and/or staff of St. Mark.
- Certified verification of GPA
- A personal essay
  - Write a one hundred-word (minimum) essay on of the following:
    - Describe how your current faith journey this past year has been enhanced (involvement in campus ministry, local church involvement, personal spiritual practices, mission trips, etc.).
- Information release

### All Applicants

Please note the following:

- Completed applications are due by May 1.
- An incomplete packet will not be accepted.
- This scholarship **WILL NOT** carry over into the following award years. You must reapply each year to be considered for future funding.
- The scholarship, should it be awarded, is for educational purposes only.

Mail your completed application packet to:  
St. Mark Presbyterian Church  
Attn: Scholarship Review Committee  
208 W. Bandera  
Boerne, Texas 78006

OR

Email your completed application packet to:  
[Office@stmarktx.org](mailto:Office@stmarktx.org)

# St. Mark Presbyterian Church

## Higher Education Scholarship Application

ALL MATERIALS MUST BE TYPED. HAND-WRITTEN APPLICATIONS WILL NOT BE ACCEPTED.  
Due no later than May 1

### Applicant Information

Date: \_\_\_\_\_

Full Name:

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.*

Address: \_\_\_\_\_  
*Street Address, including Apartment / Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

### Education

Name of School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_

College /University you will be/are attending: \_\_\_\_\_

College/University Address: \_\_\_\_\_

College/University City/State/Zip: \_\_\_\_\_

### References

List two references. **Be sure to include the letters of recommendation from your references with your packet.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# St. Mark Presbyterian Church

## St. Mark Presbyterian Church Scholarship Release of Information Form

Please return this form with your application packet no later than May 1. Thank you!

St. Mark Presbyterian Church makes every effort to protect the privacy of your educational records. Scholarship donors very much appreciate knowing the students who directly benefit from the scholarship fund. The St. Mark Scholarship Committee is requesting your permission to share information about you and your relationship with St. Mark (as a scholarship recipient, volunteer, church member) to the general public via Church resources, such as our website, social media pages, brochures, bulletins, video or audio tape, and via the media (**initial either yes or no below**).

By allowing the Scholarship Committee to release your name, contact and academic information, you are helping us connect church members and donors with our students.

Please complete, sign and return this form to the office at St. Mark or to a Scholarship Committee member by **May 1. Your application will not be accepted without the Scholarship Release of Information Form.**

\_\_\_\_\_ Yes, St. Mark and the Scholarship Committee have my permission (parent or guardian if minor) to release information publicly. Specifically, I agree to allow my name, general biographical information and/or photo to be used in appropriate public relations occasions.

\_\_\_\_\_ No, St. Mark and the Scholarship Committee do not have permission) parent or guardian if minor) to release information publicly.

First Name \_\_\_\_\_ MI \_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Please circle one: cell / home

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian

(if student is under 18): \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent / Guardian 10

(if student is under 18): \_\_\_\_\_

Parent/ Guardian Phone Number \_\_\_\_\_