

**AMERICAN BAPTIST WOMEN'S MINISTRIES OF NEW YORK STATE
APPLICATION FOR SCHOLARSHIP**

APPLICATIONS AND PERTINENT DOCUMENTS MUST BE POSTMARKED BY MARCH 1st.

APPLICANTS WILL NOT BE CONSIDERED AFTER THAT DATE!

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!

New _____ Renewal _____

Date of Application: _____

FAMILY INFORMATION

Student's Name: _____

Date of Birth: _____

Address:

Street

City

State

Zip Code

Student's (Cell) phone #: _____

Email: _____

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Parent's Phone #: _____

Spouse's Name: _____

Occupation: _____

Other dependents in the family (name, relationship, age and if in college):

CHURCH INFORMATION

Name of American Baptist Church where member: _____

Date Baptized: _____

Date joined church: _____

Church Address:

Street

City

State

Zip Code

CURRENT CHURCH /COMMUNITYACTVITIES:

AT HOME

OR

AT COLLEGE

COLLEGE INFORMATION

College/University: _____ Course of Study: _____
 Address: _____

Street City State Zip Code

I am applying for aid to be used during the academic year beginning: _____

In the fall semester I will be a: Freshman _____ Sophomore _____ Junior _____ Senior _____

Grad Student (Seminary) 1st year 2nd year 3rd year (circle appropriate one)

My housing arrangements will be (check one)

Live on campus _____ Live in off campus housing _____ Commute daily _____

I will be charged the following standard amounts for one academic school year:

- 1. Tuition and fees \$ _____
- 2. Meals \$ _____
- 3. Room \$ _____
- 4. Books \$ _____
- 5. Commuting \$ _____
- 6. Other \$ _____ specify _____
- Total estimated Costs \$ _____

How will the Estimated College Costs be met? (List estimated amount)

- Student \$ _____
- Family \$ _____
- Scholarships \$ _____ source _____
- \$ _____ source _____
- Grants \$ _____ source _____
- \$ _____ source _____
- Work/study \$ _____ source _____
- Loans \$ _____ source _____
- \$ _____ source _____
- Other \$ _____ specify _____

INCOME/FINANCIAL INFORMATION (see application instructions for specifics)

The student's and parent's US Income Tax Returns, W-2's, 1099 and documents verifying other income (SSI, Social Security, Worker's Compensation, Unemployment Benefits, etc.) will be used to determine scholarship need. A **current** tax return, including W-2s is needed for the analysis.

Please inform Scholarship Chairwoman if your college has matching grant funds.

OTHER

Special considerations that may impact financial need: (ie., does applicant, dependent, or sibling have special needs or is considered disabled; prospective change in job.) _____

RECOMMENDATIONS FROM THE FOLLOWING PEOPLE SHOULD BE SUBMITTED TO THE SCHOLARSHIP COMMITTEE CHAIRWOMAN BY MARCH 1ST.

Please list their names and addresses

IF IN HIGH SCHOOL:

1. Pastor: _____

2. Guidance Counselor

IF IN COLLEGE:

1. Campus Pastor: _____

2. Faculty Member in Major Field of _____

3. An adult (outside your family) who knows you well:

LIST ANY WORK EXPERIENCE:

Year	Type of Work	Dates Employed	Earnings (per hour/per year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I recognize this scholarship to be a gift of the American Baptist Women's Ministries of New York State for the purpose of helping me to prepare for life work. Therefore I will endeavor to give back in Christian service the best I have. I desire to follow Christ and to discover His will for my life. I will work to prepare myself toward this end. I understand that this scholarship carries an obligation to serve in church-related activities, preferably of the American Baptist Churches USA.

Signature of Applicant

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*Thank you for getting everything in in a timely manner.
Ann Brooks, Scholarship Committee Chairwoman*

All applications and documents should be mailed to:
Rebecca Walters Phone: 315-265-5309
7 Sealy Drive ontiptoe02@gmail.com
Potsdam, NY 13676