

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

PLEASE NOTE THAT THESE ARE REVISED GUIDELINES AND INSTRUCTIONS!!  
Even if you have applied in the past you are required to adhere to the new requirements.

**THE COMPLETED APPLICATION DOCUMENTS AND RECOMMENDATIONS MUST BE  
POSTMARKED BY JULY 1st.**

**APPLICANTS WILL NOT BE CONSIDERED AFTER THAT DATE!**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!**

## **BACKGROUND STATEMENT**

Financial need is the difference between what it costs to go to college and what the student and their family can afford to pay. When determining the costs for college, include the following areas: tuition and fees, books, room, meal costs and commuting. All estimated expenses should be kept to the minimum.

The family/student contribution is computed by considering their annual net income, Financial Aid Resources and costs for one year at college. It is expected that the student will also have some earnings and/or savings to contribute toward her education.

The American Baptist Women's Ministries of NYS offers scholarship aid to assist women in obtaining further education. We also endeavor to encourage continuing relationships through prayer, correspondence and "care boxes" from area Associations.

Our prayerful goal is to help educate the American Baptist Women of tomorrow. We sincerely hope that the Scholarship Fund of ABW Ministries of NYS will benefit in the future from donations made-by these fine Christian women.

## **QUALIFICATIONS FOR APPLICANT**

1. The Applicant must be an active member of an American Baptist Church presently residing in the area covered by American Baptist Women's Ministries of New York State. While at college this relationship should be maintained.
2. While at college the recipient is required to maintain Christian fellowship. It is preferable to be involved in an American Baptist Church, but any Protestant church or campus ministry is acceptable.
3. Applicants will be required to submit a copy of the parents' and student's **current** (i.e. If applying in 2020, we need a 2019 income tax return) US Income tax return (IRS Form 1040, 1040A or 1040EZ **do not include accompanying schedules and forms**) In addition to the Income tax return, we are also requesting copies of all current W-2's and other sources of income. This includes but is not limited to 1099-MISC (self-employment), AND 1099-R (Retirement/pension). Social Security and account numbers may be blocked out. The President will appoint the person to prepare the required financial analysis.
4. Documentation of other income (SSI, Social Security, Worker's Compensation, Unemployment Benefits, etc.) must be provided.

5. The applicant must intend to enroll at college as a regular full-time student. Graduate students will be considered on an individual basis.

**INCLUDED WITH THE SCHOLARSHIP APPLICATION FORM YOU MUST SUBMIT THE FOLLOWING:**

1. A one-page essay on one event that occurred in your life **during the past year**, and how it has impacted your faith.
2. A copy of the parents' and student's **current** (i.e. If applying in 2020, we need a 2019 income tax return) US Income tax return (IRS Form 1040, 1040A or 1040EZ **do not include accompanying schedules and forms**). In addition to the Income tax return, we are also requesting copies of all current W-2's and other sources of income. This includes but is not limited to 1099-MISC (self-employment), AND 1099-R (Retirement/pension). Social Security and account numbers may be blocked out. Also include documentation of other income (SSI, Social Security, Worker's Compensation, and Unemployment Benefits) **NOTE: If you cannot or choose not to send a CURRENT income tax return or copies of W-2's, your application WILL still be considered. However, because we do not have any financial information, it MAY impact the AMOUNT of the scholarship.**
3. Two letters of recommendation from the people listed on your application. Please provide a stamped envelope for these people. For their convenience, put your name and address on the envelope you provide. I would recommend that you have your references mailed to you so you can send the packet in completed. If they are uncomfortable with that have them seal the envelope and sign across the flap to ensure that it is tamper evident. They can also email it to [colleen.charsky@gmail.com](mailto:colleen.charsky@gmail.com).
4. For ALL applicants, a recent photo (wallet size, preferable, no larger than 4 x6) is appreciated. We use these in promotion of the scholarship program and to send to churches with the applicant's pen sketch.
5. If you would like to receive special consideration for attending a Christian College/University, it is your responsibility to send supporting documentation. (i.e. Mission statement, etc.) Do not assume we know it is Christian.

**REMINDER: ALL AREAS OF THE APPLICATION FOR SCHOLARSHIP MUST BE COMPLETED.**

**THE APPLICATION DOCUMENTS AND RECOMMENDATIONS MUST BE POSTMARKED BY JULY 1st.**

**APPLICANTS WILL NOT BE CONSIDERED AFTER THAT DATE!  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!**

Please keep this page of instructions for your reference! WE HAVE INCLUDED A CHECK LIST TO FACILITATE THE ACCURACY AND COMPLETENESS OF YOUR APPLICATION.

We would recommend you start this process as early as January to give your references ample time to write a quality recommendation. If you have any difficulties acquiring the necessary documentation, contact the scholarship committee chairwoman as soon as possible for suggestions.

Scholarship Committee Chairwoman:

Colleen Charsky  
68 Lake Street  
Pulaski, NY 13142

Phone: 315-481-0555  
[Colleen.charsky@gmail.com](mailto:Colleen.charsky@gmail.com)

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

1. \_\_\_\_ Application legibly and completely filled out.
2. \_\_\_\_ Application signed
3. \_\_\_\_ If Christian college, include school mission/vision statement to verify (can be obtained off of school's website).
4. \_\_\_\_ A one page essay on one event that occurred in your life during the past year, and how it has impacted your faith.
5. \_\_\_\_ A copy of the parents' and student's current (i.e. If applying in 2020, we need a 2019 income tax return) US Income tax return (IRS Form 1040, 1040A or 1040EZ do not include accompanying schedules and forms). In addition to the Income tax return, we are also requesting copies of all current W-2's and other sources of income. This includes but is not limited to 1099-MISC (self-employment), AND 1099-R (Retirement/pension). Social Security and account numbers may be blocked out. **DO NOT SEND THIS INFORMATION OVER THE INTERNET-YOU COULD BE A VICTIM OF IDENTITY THEFT.**

**NOTE: If you cannot or choose not to send a CURRENT income tax return or copies of W-2's, your application WILL still be considered. However, because we do not have any financial information, it MAY impact the AMOUNT of the scholarship.**

5. \_\_\_\_ 2 CURRENT letters of reference (an adult whom you have interacted **within the previous year** and is not family) **NOTE: this year we are asking for your reference's email address, instead of their physical address.**

### **MANDATORY**

- A. Spiritual reference (pastor, youth leader, college club leader, deacon, chapel coordinator, SS teacher,) \_\_\_\_\_
1. signed by person who wrote reference \_\_\_\_\_
  2. dated \_\_\_\_\_

### **CHOOSE 1 OF B OR C**

- B. Academic reference (teacher, guidance counselor, academic advisor, professor in major field of study) \_\_\_\_\_
1. signed by person who wrote reference \_\_\_\_\_
  2. dated \_\_\_\_\_

- C. Character reference (employer, athletic coach, another teacher, spiritual leader not previously used)
1. signed by person who wrote reference \_\_\_\_\_
  2. dated \_\_\_\_\_

6. \_\_\_\_ ALL applicants, include photo (no larger than 4x6)

7. \_\_\_\_ Mail NO LATER than June 1st.

**AMERICAN BAPTIST WOMEN'S MINISTRIES OF NEW YORK STATE  
APPLICATION FOR SCHOLARSHIP  
(THIS APPLICATION IS ONLY FOR 2020!!)**

**APPLICATIONS AND PERTINENT DOCUMENTS MUST BE POSTMARKED BY JULY 1<sup>st</sup>.**

**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
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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
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**CURRENT (WITHIN LAST YEAR) CHURCH /COMMUNITYACTVITIES:**

AT HOME

OR

AT COLLEGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COLLEGE INFORMATION**

College/University: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Is school Christian affiliated: Yes No IF yes, MUST INCLUDE COPY OF SCHOOL MISSION STATEMENT WHICH VERIFIES AFFILIATION!

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

Grad Student (Seminary) 1<sup>st</sup> year 2<sup>nd</sup> year 3<sup>rd</sup> 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 black out social security numbers.) **NOTE: If you cannot or choose not to send a CURRENT income tax return or copies of W-2's, your application WILL still be considered. However, because we do not have any financial information, it MAY impact the AMOUNT of the scholarship.**

**OTHER**

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

**CURRENT RECOMMENDATIONS (an adult whom you have interacted **within the previous year**)  
**FROM THE FOLLOWING PEOPLE SHOULD BE SUBMITTED  
TO THE SCHOLARSHIP COMMITTEE CHAIRWOMAN BY JULY 1<sup>ST</sup>.**  
**We are only requiring 2 references this year (2020)**  
**Spiritual reference is mandatory, you may choose either Academic or Character****

Please list their name, **EMAIL**, and phone

1. Spiritual Reference: (i.e. Pastor from current church, campus pastor, youth group leader, SS teacher):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Academic Reference:(i.e. Guidance Counselor, Teacher, Faculty in Major Field, Academic advisor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Character Reference: (i.e. an adult who knows you well, employer, or any of the above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY WORK EXPERIENCE:**

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

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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**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!**

All applications and documents should be mailed to the Committee Chairwoman:

Colleen Charsky  
68 Lake Street  
Pulaski, NY 13142

Phone: 315-481-0555  
Colleen.charsky@gmail.com