



ELIGIBLE RECIPIENTS: Any woman who is a member of an American Baptist Church in Michigan, who gives evidence of a call to follow the teachings of our Lord Jesus Christ, whether in a secular position or in ministry, shall be eligible. We are all called to be ministers for Jesus wherever we are.

**Applicants must complete and sign this application and also provide the following additional data:**

- 1. Letter of recommendation from your pastor.
2. Statement of Christian experience/call to ministry.
3. Brief statement of your vocational expectations and goals.

**SCHOLARSHIP APPLICATION FORM**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(PLEASE PRINT FULL NAME - NO NICKNAMES)

HOME ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME OF HOME CHURCH \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_ PASTOR \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

COLLEGE YOU ARE ENROLLED AT \_\_\_\_\_

MAJOR \_\_\_\_\_ YEAR \_\_\_\_\_

IS YOUR FAMILY ABLE TO HELP YOU FINANCIALLY? \_\_\_\_\_

IF SO, WHAT PERCENT CAN THEY PROVIDE? \_\_\_\_\_

DO YOU EXPECT TO WORK WHILE IN SCHOOL? \_\_\_\_\_

CAN AND WILL YOUR CHURCH PROVIDE FINANCIAL HELP? \_\_\_\_\_

STATE SPECIFICALLY ANY OTHER SOURCES OF INCOME AVAILABLE, SUCH AS YOUR OWN SAVINGS, OTHER SCHOLARSHIPS, ETC. \_\_\_\_\_

**GIVE NAMES OF TWO (2) PEOPLE OTHER THAN FAMILY AS REFERENCES:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Please check: ABWM \_\_\_ may \_\_\_ may not publish my birthday and address to our organization's members.

I recognize that this scholarship is a gift from the American Baptist Women's Ministries of Michigan for the purpose of helping me prepare myself for whatever God would have me do with my life. I pledge myself to sincere preparation and eagerly seeking to know and to follow His will. I understand that should God call me to serve in a Christian vocation, I will plan to serve in the American Baptist Churches, USA.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\*Please send a photo to [loriz@tsshome.com](mailto:loriz@tsshome.com).

This application and the additional data sheets are to be returned to the Scholarship Coordinator before the deadline, March 15. Lori Zupan, [loriz@tsshome.com](mailto:loriz@tsshome.com), 581 Canterbury Dr., Saline, MI 48176.