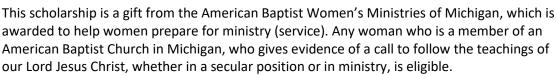
ABWM SCHOLARSHIP APPLICATION FORM

ELIGIBLE RECIPIENTS:





Applicants must provide the following:

(PLEASE PRINT FULL NAME - NO NICKNAMES)

- 1. Completed and signed application.
- 2. Letter of recommendation from an American Baptist pastor, minister, evangelist, or missionary.

NAME______ DATE OF BIRTH _____

- 3. Statement of Christian experience or call to ministry.
- 4. Brief statement of your ministry/vocational expectations and goals. *(Current scholarship recipients can skip 2-4 above.)*

HOME ADDRESS	
EMAIL ADDRESS	CELL PHONE
PARENT'S NAME (If under 18)	CELL PHONE
HOME CHURCH	PASTOR
CHURCH ADDRESS	
HIGH SCHOOL (If enrolled)	EXPECTED GRADUATION DATE
INSTITUTE WHERE YOU WILL BE ENROLLED	
DEGREE YOU ARE PURSUING	
	EXPECTED GRADUATION DATE
STATE ANY SOURCES OF INCOME AVAILABLE, SUCH AS SAVINGS, OTHER SCHOLARSHIPS, ETC., (This will not preclude you from receiving this scholarship.)	
	_ NAME:
EMAIL:	_ EMAIL:
Please note that this application will be shared with ABWM. Also, if you are awarded the scholarship, pertinent information about you may be posted on our website or published in a newsletter. With that in mind, please return a completed and signed application, along with the attachments and a photo to D. Irene Key @ d.irene@healingwordartists.com on or before April 1, 2026.	
TERMS AND CONDITIONS: The information contained in this application is true, and it has been completed to the best of my knowledge. If I receive a scholarship, I will sincerely and eagerly follow God's will. Also, if God calls me to serve in a Christian vocation, I will consider American Baptist Churches, USA.	
SIGNATURE OF APPLICANT	DATE