2016-2017 American Baptist Women's Ministries of Wisconsin Application for Scholarship

Instructions: Please answer all questions that apply to your situation. The information you provide will be confidential. Application deadline is MARCH 31, 2016.

I. Personal Information:	
Name:Home Address:	
Telephone Number:	E-mail Address:
Date of Birth:	
Age:	
Marital Status:	
Spouse's Name	_
Number of Children	
Age:	_
Number of Children in college presently, excluding yourse	lf?
II. Vocational Information	
I am seeking aid to attend:	
	e of College)
I will be a candidate for a :	J,
Degree in:	Year of Graduation:
Vocational Plans:	
III. Church Affiliation:	
Home Church:	
Church Address:	
City, State and Zip Code:	
Is this an American Baptist Church, USA Church?	
How long have you been a member of this Church?	
List offices and responsibilities assumed in your church. P etc.:	lease indicate Boards, Committees, Choir, Training,

IV.	Education Information:		
1.	High School:		
 3. 	Graduation Date:	ame your degree program and year in college:	
J.	ii you are alleady iii college, please ii	anie your degree program and year in conege.	
4.	List your participation in organization	ns, activities and offices held:	
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5.	List any honors, awards, certificates, and/or special recognition you have received.		
V.	Financial Information:		
1.	Please indicate the income of your ho	ousehold for last year:	
2.	Financial Statement:		
T:11	<u>Expenses</u>	<u>Receipts</u>	
		Family:	
		Student Earnings:	
		Loans:	
3.	Are you presently employed?		
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	Location of Employment:		
	Brief description of your employmen	 t duties:	
	- 		
	Do you plan to work while attending	college?	
	wnere?		
	Type of work?		

4.	Are there other factors bearing in your financial situation? If so, please state:		
VI.	References:		
1.	Pastor of your Church:		
	Address of your Church:		
	City, State & Zip Code:		
2.	Another Adult in your Church:		
	Address of your Church:		
	City, State, & Zip Code:		
3.	College Dean or Counselor (If you are now in college)		
	College Dean or Counselor:		
	Address of Dean or Counselor:		
	City, State & Zip Code:		
4.	Employer:		
	Address of Employer:		
	City, State & Zip Code:		
	e write a brief statement of your purpose in seeking higher education, your concerns, and your major ests, etc. Please include an evaluation of your own personality including your strengths and weaknesses.		
C: !	huma.		
Signat	ture: Date:		

Please mail the application and additional forms to: Rev. Jackie Colbert, 3101 Ashford Lane, Madison, WI 53713. All applications/forms are due on or before: **MARCH 31, 2016**

Please feel free to share any additional comments you may have:				