

AMERICAN BAPTIST WOMEN'S MINISTRIES OF OHIO
Scholarship Application

*Please submit this application, **along with a current transcript** to Flo Smith-Heizer at robert.heizer@gmail.com by March 15 of the year for which you wish to request scholarship assistance from the American Baptist Women's Ministries of Ohio. You will be notified by June 1st if you have been selected as a scholarship recipient. Scholarships are generally awarded in the range of \$1000 - \$2000 per year. Scholarship funds will be distributed by June 30th. You are required to submit a new application for each year in which you wish to be considered for a scholarship.*

The objective of the American Baptist Women's Ministries of Ohio Educational Scholarship is to support college and seminary students to pursue education that will prepare them for future Christian service.

If you have any questions, you may contact Flo Smith-Heizer by phone at 937-657-3686 or by e-mail at robert.heizer@gmail.com

Date of application _____

Formal Name _____ Preferred nickname _____

Date of Birth _____ Place of Birth _____

Home Address _____

School Address _____

Phone _____ cell phone, home phone, or other (please circle)

Email _____

Names of parent(s)/primary caregiver(s) (if the applicant is under the age of 22)

Relationship to student

EDUCATIONAL PLAN

What degree are you currently pursuing or do you plan to pursue?

What college or graduate school are you attending or do you plan to attend?

How many years is this program of study in total? _____

Are you attending full time or part time? _____

Anticipated date of graduation _____

Do you intend to complete your courses on campus or via a distance learning program?

How do you believe this program of study will help to equip you for Christian service?

COMPLETED EDUCATION TO DATE

	Date of Graduation	Degree obtained
High School _____	_____	_____
College _____	_____	_____
Seminary _____	_____	_____
Other advanced degree(s) _____	_____	_____
_____	_____	_____

List academic honors received _____

Are you willing to make a presentation at a church or ABWM program about the degree program you are pursuing? Yes No

CHURCH PARTICIPATION

When and where were you baptized? _____

What church were you attending before going to college/graduate school? In what city and state? _____

Church Phone _____

Who was the lead pastor of the church when you attended? _____

Was that church affiliated with the American Baptist Churches USA? Yes No

If not, what denomination was it affiliated with? _____

What other church activities did you participate in when you were growing up? (Please be sure to note participation in Awana, ABYouth, ABGirls, youth leadership, etc.)

Do you still attend this church? Yes No

If not, what church do you currently attend? In what city and state?

Church Phone _____

Who is the lead pastor of the church you currently attend? _____

Is this church affiliated with the American Baptist Churches USA? Yes No

If not, what denomination was it affiliated with? _____

Do you hold membership in a church? Yes No If so, what church?

In what church activities do you currently participate?

Are you active in religious programming on campus at your school? If so, what programs?

What other clubs, organizations or sports do you actively participate in? _____

MARITAL STATUS

What is your current marital status? _____

Spouse's name _____

Do you have a child/children? Yes No

If so, what are your children's names and ages? _____

FINANCIAL STATEMENT

Proposed Budget 20 to 20

Tuition	_____
Room & Board (if not at home)_	_____
Books and Fees	_____
Medical Insurance	_____
Other (describe)	_____
TOTAL	_____

Resources available for the coming year

Savings	_____
Employment/work study	_____
Family contribution	_____
Church & Association support	_____
Grants/Scholarships	_____
Loans	_____
TOTAL	_____

Current debt

(including educational loans, personal loans, unpaid bills, mortgage, car payments, consumer debt, etc)

Amount	Creditor
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Please attach a small wallet size portrait picture that will be attached to the Scholarship Info Sheet that will be distributed at ABWM Ohio's Annual Conference.

Feel free to attach an additional page if you wish to provide additional information that the ABWM Scholarship Committee should be aware of as they consider your request.

I attest that the information in this form is true to the best of my knowledge.

I understand that if my grade point average drops below 2.5, I will not be eligible to apply for a scholarship the following year.

I understand that should I be put on probation for any reason, this will render me ineligible to receive an ABMW scholarship for a period of one year.

Signature: _____ Date: _____

Form revised April 10, 2020