

American Baptist Women's Ministries of New York State

AMERICAN BAPTIST WOMEN'S MINISTRIES OF NEW YORK STATE

INSTRUCTIONS FOR APPLICATION FOR SCHOLARSHIP

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

BACKGROUND STATEMENT

In accordance with our Mission to encourage and empower women and girls to serve God, 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. The applicant must intend to enroll at college as a regular full-time student. Graduate students will be considered on an individual basis.

IN ADDITION TO THE APPLICATION, PLEASE 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. Two letters of recommendation from the people listed on your application. We would recommend that you have your references mailed (or emailed) to you so you can send the entire application packet together. If they are uncomfortable with that they can email/send the letter directly to the Scholarship Chair: Kathie Burnside kburnside06@gmail.com.
3. A recent photo is appreciated. We use these in promotion of the scholarship program and to send to churches with the applicant's "biography".

4. 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.

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:

KATHIE BURNSIDE

607-226-4420 (MOBILE PHONE)

Kburnside06@gmail.com

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

1. _____ Application legibly and filled out completely.
2. _____ Application signed
3. _____ If Christian college, include school mission/vision statement to verify (can be obtained off the 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. _____ 2 current letters of reference, Signed and dated by the person who wrote the reference. One reference **MUST** be a Spiritual Reference.
 - a. Spiritual Reference- Required: (pastor, youth leader, college club leader, deacon, chapel coordinator, SS teacher)
 - b. Academic reference (teacher, guidance counselor, academic advisor, professor in major field of study) _____
OR
 - c. Character reference (employer, athletic coach, another teacher, spiritual leader not previously used)
6. _____ Include a photo (no larger than 4x6)
7. _____ Mail no later than July 1st.

American Baptist Women's Ministries of New York State

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

APPLICATIONS AND PERTINENT DOCUMENTS MUST
BE EMAILED OR POSTMARKED BY JULY 1st.

Date of Application: _____ This is a (circle one) NEW or RENEWAL application

FAMILY INFORMATION:

Student Name: _____ Date of Birth: _____

Mailing Address: _____

Student cell phone #: _____ email address: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Parents Contact phone: _____

Spouses Name: _____ Occupation: _____

Other dependents in the family (name, relationship, age and if in college: _____

CHURCH INFORMATION

Name of American Baptist Church where member: _____

Date of Baptism: _____ Date Joined Church: _____

Church Address: _____

Current (within last year) CHURCH/COMMUNITY ACTIVITIES: (home or at college)

COLLEGE INFORMATION:

Name of College/University: _____

Address: _____

Course of Study: _____

Is school Christian affiliated: circle one: YES NO (if yes please include copy of church mission statement or other statement to verify affiliation.)

In the Fall Semester I will be a (circle one) Freshman Sophomore Junior Senior

Graduate Student (seminary) 1st Year 2nd Year Other _____**NOTE: THE FOLLOWING SECTION IS OPTIONAL AND YOU MAY USE YOUR DISCRETION IN ANSWERING.**

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 \$ _____ Source _____

Two letters of recommendation are needed, from an adult whom you have interacted within the previous year.

- 1. Spiritual Reference- Required: (pastor, youth leader, college club leader, deacon, chapel coordinator, SS teacher)**

i. Name of Reference: _____

ii. Email Address: _____

- 2. Academic reference (teacher, guidance counselor, academic advisor, professor in major field of study)**

i. Name of Reference: _____

ii. Email Address: _____

OR

- 3. Character reference (employer, athletic coach, another teacher, spiritual leader not previously used)**

i. Name of Reference: _____

ii. Email Address: _____

WORK EXPERIENCE:

Year

Type of Work

Dates Employed

[illegible]

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: _____

Date: _____

**APPLICATIONS AND PERTINENT DOCUMENTS MUST BE POSTMARKED BY JULY 1st.
APPLICANTS WILL NOT BE CONSIDERED AFTER THAT DATE!**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!

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

**KATHIE BURNSIDE
607-226-4420 (MOBILE PHONE)
Kburnside06@gmail.com**

Revised 8/15/24 kjb