

Lenore S. Bigelow and Bernardston
Graduate Study Application for Scholarship Aid
American Baptist Women's Ministries of Massachusetts

Name: _____

Permanent Residence: _____
Number, Street, City, State, Zip Code

Address at School: _____
(if different) Number, Street, City, State, Zip Code

Home Telephone: _____ Cell: _____

Email: _____

Date of Birth: _____

Church: _____
Name

Number, Street, City, State, Zip Code

Years of Active Membership: _____

College Information

<u>College(s)</u>	<u>Degree(s)</u>

My vocational goals in Christian service are: _____

I plan to continue my education at:
_____Andover Newton Seminary at Yale Divinity School
_____Colgate-Rochester Crozer Divinity School
_____a Massachusetts Theological and/or Divinity School or an American Baptist Divinity School

Name of School Number, Street, City, State, Zip Code

Anticipated length of study? _____

Will you be working to pay expenses? _____ Yes _____ No

Will you receive other financial assistance, and if so, from what source?

References

If references do not accompany the application, have them sent directly to the Scholarship Committee chairperson.

Your minister's name: _____

Address: _____

Number, Street, City, State, Zip Code

Telephone Number: _____ email: _____

A professor's name: _____

Address: _____

Number, Street, City, State, Zip Code

Telephone Number: _____ email: _____

Person's name*: _____

Address: _____

Number, Street, City, State, Zip Code

Telephone Number: _____ email: _____

Signature: _____ Date: _____

Forward required documents to Bonnie Sestito, 9 Teel St. Place, Arlington, MA 02474,
Attn: Scholarship Committee no later than March 31, 2020.

*The person may not be a relative and must have known you for five years or more.