

Application for Undergraduate Scholarship Aid

American Baptist Women's Ministries of Massachusetts

Name: _____ Date of Birth: _____

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: _____

Are you preparing for a church related vocation? _____ Yes _____ No

State your vocational goal: _____

College attending: _____
Name of college

Number, Street, City, State, Zip Code

Is your family supportive of your vocational plans? _____ Yes _____ No

Extra curricular activities: _____

Finances

Anticipated costs for the school year \$ _____

Amount needed to meet these costs \$ _____

Amount you will finance \$ _____

Amount you will receive from scholarships \$ _____

Amount you will receive from other sources \$ _____

References

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

Your minister's name: _____

Address: _____
Number, Street, City, State, Zip Code

Telephone Number: _____ email: _____

Teacher'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: _____

Your Signature: _____ Date: _____

Parent or Guardian
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.