

STUDENT GRANTS AVAILABLE

STUDENT GRANTS OF THE AMERICAN BAPTIST WOMEN'S
MINISTRIES OF COLORADO ARE AVAILABLE TO WOMEN

Who are 26 years of age or older on July 1 of the granting year.
Planning to attend an accredited American Baptist University, College, or Seminary.
An active member of an American Baptist Church in Colorado,
and have a High School Diploma or equivalent,
and/or Higher Education degrees as appropriate.

**For further information, contact the President of your local
American Baptist Women's Ministries, or**

**Dr. Jamie D. Johnson
Scholarship Committee
[720-879-2700](tel:720-879-2700)
jsjohn80014@yahoo.com**

**STUDENT GRANT
of the
AMERICAN BAPTIST WOMEN'S MINISTRIES OF COLORADO**

OBJECT

The object of Student Grant is to assist consecrated Christian young women to further their education in order to prepare for their position in life as Christian leaders in the home, church and community.

Any woman from a church in Colorado, New Mexico or Utah related to the American Baptist Churches of the Rocky Mountains may apply providing:

REQUIREMENTS

1. She is an active member of a cooperating American Baptist Church.
2. She has a high school diploma or equivalent, as appropriate.
3. She is 26 years of age or older on July 1 of the year in which the award is made. An exception may be made for seminary or graduate school applicants.
4. She asks her pastor and two other persons, such as a teacher or professor, employer, or other church associate, to attest in writing concerning her Christian character, personality and dependability.
5. She plans to attend an accredited American Baptist university, college or seminary.
6. She provides an official transcript of her high school and college, (if applicable) records to date, attached to the application or sent directly from the school.
7. She completes the attached Financial Statement or provides a copy of a Financial Aid Award Letter from the college, university or seminary.
8. She writes a personal letter stating:
 - a. Her Christian experience;
 - b. Her participation in the life of her church, school, and community.
 - c. Her goals for the future;
 - d. Other pertinent facts that may be useful to the selection committee.

Grants awarded are outright gifts that do not require a note or other legal papers. The amount awarded is to be applied to tuition and will be sent directly to the recipient's chosen institution for her use. In the case of a seminary student, Educational Ministries of American Baptist Churches USA may contribute matching funds as per their requirement process.

The selection made by the Scholarship Committee will be based upon financial need in addition to the above requirements. All else being equal, preference will be given to women who will attend American Baptist seminaries.

Grants will not be awarded for sums greater than tuition, and will be awarded for only one year at a time. A recipient may re-apply each of her scholastic years based upon sustained academic performance, Christian participation in church and school, and financial need. The Scholarship Committee reserves the right to withdraw the scholarship if a recipient's plans change or requirements are not met.

Please read the requirements carefully and follow ALL directions, as no application will be considered that is not complete in every detail.

STUDENT GRANT APPLICATION

Full Name _____

Home Address _____ Phone _____

Single _____ Married _____ Name of Spouse _____

Age _____ Date of Birth _____ Place of Birth _____

Church Name _____ City _____ State _____

Pastor's Name _____ Phone _____

Name and relationship of dependents, if any: _____

List two persons (not relatives) who know you well, and will attest in writing to your character and personality. Include with application or have sent directly to Scholarship Chair.

Name

Occupation

Address

What university, college or seminary are you attending, or plan to attend?

Where is it located? _____

What degree or profession will you work toward? _____

College(s) attended. Give dates. _____

List the last three jobs you held:

Employer's Name

Business

Position held

Date

Signature _____

Date: _____

**STUDENT GRANT
FINANCIAL STATEMENT**

Name _____

Annual Taxable Family Income _____

Estimated Annual Tuition and Fees at your chosen institution _____

What plans are you making to finance your education? Include financial aid, other scholarships, job, etc.

Special family situations _____

Applicant's Signature _____ Date _____

Return to:
Dr. Jamie D. Johnson
Scholarship Committee
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