

**SCHOLARSHIP APPLICATION
BOWEN CHARITABLE TRUST**

PO Box 346
Parkersburg, WV 26102-0346
Email: bowentrust@gmail.com

PERSONAL INFORMATION

Name _____ Student ID# _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

CHURCH INFORMATION

Are You a Member of an American Baptist Church? Yes No

Are You a Member of an West Virginia Baptist Convention Church? Yes No

Church Membership _____
Address _____
City _____ State _____ Zip _____

PREVIOUS EDUCATION

SCHOOLS ATTENDED	DATES	DEGREE
High School	_____	_____
College	_____	_____
College	_____	_____
Seminary	_____	_____
Other	_____	_____

CURRENT EDUCATION

College or Seminary Attending or Applying To _____

Address _____

City _____ State _____ Zip _____

Start Date _____ Start Date of Semester, Term or Class applying for _____

Est. Graduation Date _____ Field of Study _____

OTHER INFORMATION

What are your vocational goals? _____

Have you been licensed or ordained? Yes _____ No _____

By what Church _____ Date _____

If ordained, has your ordination been recognized by the American Baptist Churches? Yes ___ No ___

Do you envision pursuing your vocational goals with American Baptist Churches or related ministries?

Yes _____ No _____ Comments: _____

REFERENCES

Reference 1 (church):

Name: _____ Church: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Reference 2 (WVBC/ABC Representative):

Name: _____ Organization: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Note: Both reference forms must be filled and completed for application to be reviewed. Send the above individuals our Reference Form and have them email it to bowentrust@gmail.com or mail it to PO Box 346 Parkersburg, WV 26102-0346.

FINANCIAL INFORMATION

• **Financial Resources**

Pell Grants:\$ _____
Other Government Subsidy:\$ _____
Institutional Scholarships:\$ _____
WV Baptist Education Society Scholarship\$ _____
Other Scholarships:\$ _____
Other Financial Aid:\$ _____

Pending Aid Not Included In Financial Resources Box

1).....\$ _____
2)\$ _____
3).....\$ _____

• **Estimated Expense for semester, term or class**

Tuition:\$ _____
Room and Board:\$ _____
Books:\$ _____
Fees:\$ _____
Total:.....\$ _____

Aid Requested\$ _____

Please Note: Aid Requested Cannot Exceed Total Expense Less Resources

Reflect On Your Call To Vocational Ministry

Other Comments

NOTICE

Your application will not be complete until the following have been received by the committee:

- Transcript
- Financial Aid Information Form
- Letter of Reference from Church
- Letter of Reference from an ABC or WVBC Denominational Representative

All forms available at bowentrust.org/applications

CERTIFICATION

I certify that the information provided on this form is true and correct to the best of my knowledge and belief. I agree, if requested, to provide documentation to support the information on this application. I understand that if I knowingly provide false information the Committee may revoke the scholarship and require that funds disbursed based on this information be returned.

Signature _____ Date _____

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