

Bowen Charitable Trust

Scholarship Application

PO Box 346
Parkersburg, WV 26102-0346
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 a West Virginia Baptist Convention Church? Yes No

Church Membership: _____

Address: _____

City: _____ State: _____ ZIP: _____

PREVIOUS EDUCATION

SCHOOLS ATTENDED

DATES

DEGREE(S)

High School _____

College _____

College _____

Seminary _____

Other _____

CURRENT EDUCATION

College or Seminary Attending/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: _____

Reference 2 (WVBC/ABC Representative)

Name: _____ Church: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

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 & Board \$ _____

Books \$ _____

Fees \$ _____

Total **\$** _____

Aid Requested

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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