

**American Baptist Women's Ministries**  
Central Region  
Scholarship Application Form  
AB GIRLS Gathering/Houseparty

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Pastor: \_\_\_\_\_

How long have you attended: \_\_\_\_\_

Local ABW President: \_\_\_\_\_

AB GIRLS Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been involved with AB GIRLS? \_\_\_\_\_

List church activities: \_\_\_\_\_

List school activities: \_\_\_\_\_

Why are you interested in this scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Signature: \_\_\_\_\_

AB GIRLS Leader Signature: \_\_\_\_\_