

**INDIVIDUAL GRANT APPLICATION
BOWEN CHARITABLE TRUST**

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

PERSONAL INFORMATION

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

CHURCH INFORMATION

Are you a member of an American Baptist Church? Yes _____ No _____
Church Membership _____
Address _____
City _____ State _____ Zip _____

OTHER INFORMATION

- What is your present occupation? _____
- 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 _____
- Are you pursuing your vocational goals with American Baptist Churches or related ministries?
Yes _____ No _____ Comments _____

PURPOSE OF GRANT REQUEST

Name of Event _____
Date of Event _____
Location of Event _____

FINANCIAL INFORMATION

• Financial Resources (Itemize)

_____	\$
_____	\$
_____	\$
_____	\$
Total	_____ \$

• Financial Expenses (Itemize)

_____	\$
_____	\$
_____	\$
_____	\$
Total	_____ \$

• Aid Requested \$
Please Note: Aid Requested Cannot Exceed Total Less Resources.

OTHER COMMENTS

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 _____