

**SCHOLARSHIP RE-APPLICATION
BOWEN CHARITABLE TRUST**

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

PERSONAL INFORMATION

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

CHURCH INFORMATION

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

CURRENT EDUCATION

College or Seminary Attending or Applying To _____
Start Date of Semester, Term or Class Applying For _____
Address _____
City _____ State _____ Zip _____
Est. Graduation Date _____ Field of Study _____

COMMENTS

Please include any information changed since your last application.

NOTICE TO STUDENTS

Please attach a sheet to this form on which you respond to the following questions: 1) During the past semester or term, how have you grown in your faith? 2) How has God affirmed your understanding about your call to vocational ministry? 3) How have you been involved with the local church during the past semester?

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**

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

• Aid Requested..... \$ _____
Please note: Aid Requested Cannot Exceed Total Expense Less Resoueces

Notice

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

- Transcript
- Financial Aid Information Form (enclosed)

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 _____