

BAPTIST WOMEN IN MINISTRY OF GEORGIA
Sara Owen Etheridge Scholarship Application

Name _____ Date of Birth _____

Address _____

Home Phone: _____ Office /Cell Phone _____

What type of Christian vocation are you planning to enter?

Name of seminary in which you are currently enrolled: _____

Date of Enrollment _____ Anticipated Date of Graduation _____

Home Church _____ Association _____

Local Pastor/Minister _____

Minister's Address/Phone _____

College or University Attended _____

Degree(s) Completed/Date of Completion _____

Attach to your application a brief narrative addressing the following:
A summary of your call to ministry and plans for carrying out your ministry;
A brief (2-4 page) autobiography;
A description of any ministry experience that illustrates your gifts for ministry.

References:

(1) Name _____
Address _____
Phone _____

(2) Name _____
Address _____
Phone _____

(3) Name _____
Address _____
Phone _____

All references should be contacted by the applicant and requested to submit a letter of reference to the designated member of the Steering Committee by **March 15, 2010**.

Signature of Applicant _____

Please return application and references to:
Amy Shorner-Johnson or BWIMGA@gmail.com
1690 S. Milledge Avenue
Athens, GA 30605