

**AMERICAN BAPTIST WOMEN'S MINISTRIES**  
**OF**  
**VERMONT AND NEW HAMPSHIRE**  
**STUDENT SCHOLARSHIP REAPPLICATION**  
**2016 - 2017**

(PLEASE PRINT ALL INFORMATION)

Full Name \_\_\_\_\_  
 School address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_

ABC/VNH Church Membership (name of church) \_\_\_\_\_  
 Church address \_\_\_\_\_  
 Name of Pastor \_\_\_\_\_

Your Present School \_\_\_\_\_ Major \_\_\_\_\_  
 Are you planning to return to the same school next year? \_\_\_\_\_  
 If not, to what school are you changing? \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason for change \_\_\_\_\_

What year will you be? \_\_\_\_\_ How many years left (including next year) \_\_\_\_\_  
 (Freshman, etc.)

Any other family members in college? \_\_\_\_\_ If yes, names, ages and relationship to you:  
 \_\_\_\_\_

Share some of the past year and any major changes in your life (marriage, new child, etc.)  
 Use the other side for sharing. Thank you.

**PROJECTED BUDGET FOR NEXT SCHOOL YEAR**

|                          |                        |
|--------------------------|------------------------|
| Tuition and fees _____   | From Parent(s) _____   |
| Board _____              | Student's assets _____ |
| Room _____               | Summer earnings _____  |
| Travel (commuting) _____ | School earnings _____  |
| Books & supplies _____   | Loans _____            |
| Other _____              | Scholarships _____     |
| _____                    | Other (specify) _____  |
| <b>TOTAL</b> _____       | <b>TOTAL</b> _____     |

We **MUST** have a transcript of your first semester grades and one (1) reference from a current teacher. If unable to get a personal reference from a current teacher (part of a large class, etc.), you may substitute another reference. (Explain the reason for the substitution.) Please give the name and address of your reference:

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*Remember. We do not contact the reference. The person needs to send us the reference*

I certify the above information is correct and that I intend to be a full-time student (at least 12 credit hours per semester) for the school year \_\_\_\_\_. Signature \_\_\_\_\_ Date \_\_\_\_\_

Deadline is April 1<sup>st</sup>. Send completed information to: Jean Garrecht, 106 Buck Hill Drive, Guilford VT 05301

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STUDENT SCHOLARSHIP REFERENCE

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

Please, comment on the following areas, if possible: 1. Applicant's ability and dedication to his/her chosen field; 2. His/her Christian walk; 3. Anything else that would help us to make a decision in choosing persons to receive scholarship aid (personality and character, ability to handle responsibility, relationships with others, etc.), Use the other side or another sheet, if necessary.

Would you recommend this applicant for a scholarship?

Please **PRINT** the following information:

Your name \_\_\_\_\_ Date \_\_\_\_\_

Your position \_\_\_\_\_

Your signature \_\_\_\_\_

Name of church, school, etc. \_\_\_\_\_

Address \_\_\_\_\_

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