

BAPTIST WOMEN IN MIISTRY 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 _____

Please see our website for information regarding the submission of this application. <http://www.bwimga.org>.

Signature of Applicant _____

