



AFRICAN UNITED BAPTIST ASSOCIATION
WOMEN'S INSTITUTE
GERTRUDE E. SMITH SCHOLARSHIP COMMITTEE



Dr. Carolyn G. Thomas
2032 Highway #7
East Preston, NS
B2Z 1G1

Dear Pastor and Clerk:

Enclosed you will find application forms for the Gertrude E. Smith Scholarship Fund. Would you please post copies on the church bulletin board and promote scholarship in the weekly church bulletin.

In doing this, hopefully, female members of your congregation will become aware of the scholarship and will apply for the funding.

Thanking you in advance for your assistance.

Sincerely,

Dr. Carolyn G. Thomas
Scholarship Chairperson



African United Baptist Association of Nova Scotia

Women: Institute

Application Form

for

Gertrude E. Smith Scholarship

Deadline for Application – July 31st

No application will be processed after the above mentioned date

(Please Print Clearly or Type)



Personal History:

Name in full: _____

Address: _____

Postal Code _____

Telephone: _____ Date of Birth: _____

Have you been a resident in Nova Scotia for the past 5 years: () Yes () No

Parent(s)/Guardian(s): _____

Are you a Member () or Adherent () of a Church within the African United Baptist Association of Nova Scotia? () Yes () No

Name of Church: _____

Name of Pastor: _____

Educational Goal: _____

Financial Information:

Estimated yearly expenses: _____

- Amount you expect to be able to contribute: _____

- Amount expected from other sources: _____

Did you receive a scholarship or bursary from the Women's Institute last year? () Yes () No

Name any other organization(s), etc. approached for assistance: _____

University Registration:

Name, Address and Telephone Number of the educational facility you will be attending:

Name of University/College: _____

Address: _____

Postal Code: _____ Telephone Number: _____

Student Identification Number (ID): _____

Name of Degree program/course: _____

Number of years required to complete the program: _____

What year of study will you be entering: (Please circle): 1 2 3 4

THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION – Please check off to ensure you have included the following:

- () Assigned Student ID Number
- () Copy of Transcript of Marks for last term of last year of study
- () Acceptance Letter from University/College and Confirmation of Enrollment
- () Letter of Reference from Pastor, Deacon, or President of Women’s Group

Applicant’s signature: _____

Date: _____

Please mail to:
Dr. Carolyn G. Thomas
Scholarship Chairperson
2032 Highway #7
East Preston, NS
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