

For Office Use

\_\_\_ OBES  
\_\_\_ LETT  
\_\_\_ LAMB  
\_\_\_ ERNST+



2026-27 APPLICATION

## SCHOLARSHIP APPLICATION

**Please Return by email or mail (Jgibbonsohio@aol.com)**

Rev. Jane Gibbons 1091 Burkwood Road, Mansfield, Ohio 44907

**The objective of the Ohio Baptist Education Society is to help those who are members of churches affiliated with the American Baptist Churches of Ohio, pursuing education for professional church leadership in a Christian ministry endorsed by the Board of Trustees of the Society. Phone 419-610-3477**

### REQUIREMENTS FOR SCHOLARSHIP CONSIDERATION

1. The applicant must satisfy the Board of Trustees (of the Society) of a definite call to Christian Service.
2. The students need for scholarship assistance must cover only educational and related expenses.
3. The course of study must be pursued at an institution accredited by the American Association of Universities and Seminaries or one approved by the Ohio Baptist Education Society.
4. The chosen academic program must lead to a degree or certification appropriate or required by, the chosen professional ministry. (In the 3<sup>rd</sup> or 4<sup>th</sup> year of undergrad work; Seminary - Masters of Divinity; Doctorate for Ernst Sc)
5. You must be a member of a church affiliated with The American Baptist Churches of Ohio, and be planning to work professionally within the framework of ABC Ohio, or ABC USA.
6. If granted a scholarship, you will be expected to (a) maintain a good academic record (b) reapply each year (c) stay within the guidelines of the Constitution of the Society; and (d) carry through without interruption in the normal course of study. (exceptions must be with the consent of Board of Trustees).
7. Once a scholarship has been granted it may be expected that, at the Trustees discretion, the scholarship may be renewed for completion of the academic program for which the original application was made.
8. To be considered for a scholarship, this completed application must be submitted **by April 1, 2026**. Including an official transcript of your most recent year. Scholarships will be awarded by July of each year!
9. \* The **Pastor** of the applicant's church must submit a letter of recommendation about the applicant possessing an understanding of the Christian faith and potential skills for usefulness in professional church leadership.  
\* A **second letter** of recommendation must be provided, written by someone other than an applicant's relative.  
\* A **third letter** of recommendation from your ABC Ohio Region Minister would be most helpful.
10. \* Include a head and shoulders picture with this application. And a copy of your most recent transcript. \*\*  
**\* These items needed only the first time you apply. \*Must have these items for first application**

### O B E S AGREEMENT

(Please copy for your personal files & future reminders/ to receive scholarship checks\*\*)

I have examined the **Requirements for Scholarship Consideration** on page 1, and I agree to the same and will consider them binding upon me by my signature. I declare that it is my purpose to devote my life to a full-time professional church ministry, and that I need financial assistance as requested to prepare for it.

- I promise:**
1. That at the end of each term I will have a **\*\***transcript of my grades forwarded to the **Education Society**.
  2. That I must apply for annual renewal of financial assistance, if needed.
  3. That I will furnish a statement of my immediate future plans for ministry at the **completion** of my academic program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Permanent address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Number & Street) (City) (State & Zip)

Seminary (college) \_\_\_\_\_ Address \_\_\_\_\_

Church Name \_\_\_\_\_ Senior Pastor \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Married? \_\_\_\_\_ Student status: O Full / O Part Time

Licensed to Preach? \_\_\_ Ordained? \_\_\_ Yr \_\_\_\_\_ Years you have been member of ABC Ohio Church? \_\_\_\_\_

Professional Goal \_\_\_\_\_ Program or (Course of Study) \_\_\_\_\_

ABC Ohio Region Minister \_\_\_\_\_ - (Do not leave blank) – ABC/OH Association \_\_\_\_\_

\*\*\*\*\*

**Education to date:**

		Degree obtained (or anticipated)	* Date of Graduation (or anticipated date)
College:	_____ 20 ____ -20 _____	_____	_____ *
Seminary:	_____ 20 ____ -20 _____	_____	_____ *
Advanced Degree(s)	_____ 20 ____ -20 _____	_____	_____ *

Will you be a full-time student this year? Yes No How many hours per term? \_\_\_\_\_

If now undergraduate, check year you will be in: Junior \_\_\_\_\_ Senior \_\_\_\_\_

If now in seminary, check year you will be in: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

If pursuing Post grad+ list other master's degree(s) \_\_\_\_\_

PRESENT and future plans for further educational preparation (degrees and schools)? \_\_\_\_\_

Nature of Christian work you were previously and are presently doing (give dates): \_\_\_\_\_

**Do you understand that should you be put on probation for any cause, all OBES financial assistance will be withdrawn? Yes No (circle one)**

**FINANCIAL STATEMENT**

**Resources available to the student (for coming year)**

Savings \$ \_\_\_\_\_

Grants/ Other Scholarships \$ \_\_\_\_\_

Employment / Work study \$ \_\_\_\_\_

Loans..... \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Annual Education Expenses (for coming year only)**

Tuition and Fees \$ \_\_\_\_\_

Travel Expenses (if not on campus) \$ \_\_\_\_\_

Other School Expenses \$ \_\_\_\_\_  
Books, fees, etc.

Personal Expenses \$ \_\_\_\_\_  
Explain:

Room & Board (If not at home) \$ \_\_\_\_\_

TOTAL (Type) \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Are you now in debt for your education expenses? \_\_\_\_\_  
If yes, to whom \_\_\_\_\_ and How much? \_\_\_\_\_  
Other debts: To whom? \_\_\_\_\_ How much? \_\_\_\_\_  
To whom? \_\_\_\_\_ How much? \_\_\_\_\_  
To whom? \_\_\_\_\_ How much? \_\_\_\_\_

---

**Personal Statement \*Required each year:**

**Please make use of space below for statement or attach additional sheet for a statement of intentions and further information you may care to give the Board of Trustees for its consideration of your application:**

---

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE** [email address: jgibbonsohio@aol.com](mailto:jgibbonsohio@aol.com) Phone 419-610-3477

Date application received: \_\_\_\_\_ Date application acknowledged: \_\_\_\_\_  
References received: \_\_\_\_\_ Scholastic standing: \_\_\_\_\_  
Scholarship Committee Recommendation: \_\_\_\_\_

Scholarship approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Applicant Notified: \_\_\_\_\_

Payment to institution: \_\_\_\_\_ Dates of payments: \_\_\_\_\_

Notes: \_\_\_\_\_