

**AMERICAN BAPTIST MEN OF PENNSYLVANIA AND DELAWARE  
SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Church Congregation \_\_\_\_\_

Occupation \_\_\_\_\_

School that you plan to attend \_\_\_\_\_

Course or major \_\_\_\_\_ Starting Date \_\_\_\_\_

Grade Point Average \_\_\_\_\_ Number of years in college \_\_\_\_\_

List the community or church activities in which you have participated. Include leadership or service recognition awards you have received.

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Please share the special needs, opportunities, or circumstances that may qualify you for assistance at this time.

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

Mail to: ABMOPAD Scholarship Program  
Frederick A. Robbins  
P.O. Box 240  
Kulpsville, PA. 19443-0240

