



Women's Ministry Auxiliary of the ABSA  
MARY BREWER SCHOLARSHIP APPLICATION

**Basic Information:**

Date: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

**Church Affiliation:**

Name of Church: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pastor: \_\_\_\_\_ Member of ABSA Yes \_\_\_ No \_\_\_

**Major or Area of Academic Interest:**

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

GED Diploma Holder: \_\_\_\_\_ Cumulative Score: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

(Scholarship is not limited to recent high school graduates)

Colleges to which you have been accepted or currently attending:

College: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

College: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

College: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

(Please attach a copy of your letter(s) of acceptance to this application)

**Church and Community Activities:**

1. Carefully consider and list your most important church/community activities and describe your involvement in each. \_\_\_\_\_

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(Please continue on separate sheet if necessary)

2. List Honors and Awards received. Honors and awards can include church related or either community activities, or those you were involved in high school or college. \_\_\_\_\_

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(Please continue on separate sheet if necessary)

3. List your hobbies, outside interests, extracurricular, school related or non-school sponsored volunteer activities in the community. \_\_\_\_\_

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(Please continue on separate sheet if necessary)

**Other Information:**

1. Include an essay on a separate page with any additional information that will be useful in helping the review committee make a decision. For example, describe yourself, the reason you deserve or need this scholarship. You might describe how your leadership, volunteer, or community service has shaped who you are today. Or you may discuss in your essay any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond. (Essay should be between 250-500 words.)

2. Submit 2 letters of recommendation: one from your local Pastor of your local church. Your local church must be a member of the Apostolic Bible Students Association. The second letter of recommendation may be from an individual of your choice.

**Deadline:**

All completed applications and supporting documentation must be received by the WMAABSA Scholarship Committee no later than **August 15<sup>th</sup>, 2025**. The application can be completed online and submitted to the email or address below. The WMAABSA Scholarship Committee will review the application and the award recipients will be notified by **September 22, 2025**.

**Application packets that are submitted late or incomplete will not be eligible for consideration.**

A total of 6 scholarships, honoring Evangelist Mary Brewer, will be presented at the Fall session of the ABSA Council. The winners will be acknowledged during the evening service on **Thursday, October 23, 2025**. Scholarship recipients must be present to accept their award. Any request for exception must be submitted for review and approval.

**MAIL COMPLETED APPLICATION PACKET TO:**

MWAABSA Scholarship Program  
c/o Evangelist Arzella Williams  
5464 N. Arlington Avenue  
Indianapolis, IN 46226

[Please get a certificate of mailing when using US Mail]

**APPLICATION PACKET CAN BE EMAILED TO:**

arzella@ms@gmail.com

**Certification:**

I hereby affirm that all the above-stated information provided by me is true and correct to the best of my knowledge. I hereby understand I will not submit this application without all required attachments and supporting information. I understand that if chosen as a scholarship winner it is my responsibility to remit to WMAABSA the appropriate information for my scholarship to be awarded. I also consent that if chosen as a scholarship recipient, my picture may be taken and used to promote the WMAABSA Scholarship program.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Date Received \_\_\_\_\_ Region # \_\_\_\_\_ Director \_\_\_\_\_

Regional Liaison \_\_\_\_\_ Contact # \_\_\_\_\_

**Checklist:**

- \_\_\_\_\_ Application
- \_\_\_\_\_ Essay
- \_\_\_\_\_ Letters of Recommendation
  - \_\_\_\_\_ Pastor
  - \_\_\_\_\_ Other