

**THE MINISTERS' WIVES AND MINISTERS' WIDOWS FELLOWSHIP OF
NORTHERN VIRGINIA AND VICINITY
MRS. NADINE FROST, PRESIDENT
Dr. Elizabeth (Liz) Baltimore, 2nd VP, Chair, 2026 Scholarship Committee
2026 SCHOLARSHIP APPLICATION**

(Please print or type neatly in black ink or type)

1. Name: _____ Birthdate _____

Home Address: _____
Street

City State Zip Code

Telephone No.: _____ Mobile Phone No.: _____

Email Address: _____

2. Church Membership: _____

Church Address: _____

Pastors' Name: _____

If applicable, MWMWNOVA Member's Name: _____

Describe Your Church Involvement: (May Attach Additional Sheet(s) If Necessary)

3. High School Name: _____

Date Of High School Graduation: _____ Grade Point Average: _____

Please List Where You Have Applied and Whether You Have Been Accepted:

College/University	Location	Accepted/Pending

Applicant's Name: _____

4. List Any Scholarship Awards And Amounts You Will Receive Or Have Been Awarded:

Scholarships And Awards	Amount

5. List Any Honors You've Received As A Student (Please Submit Your Academic Resume)

6. List Any Offices and/or Activities You Participated In That Demonstrate Your Leadership Abilities:

7. Parent's Information (if applicable):

Fathers' Name: _____ Occupation: _____

Mothers' Name: _____ Occupation: _____

Number Of Brothers: _____ Number Of Sisters: _____

Number of Siblings In College: _____

Are There Extenuating Circumstances Which Might Hinder Furthering Your Education? Please Explain:

Applicant's Name: _____

8. Please Share Any Other Information That Would Be Helpful In This Review Process:

You Must Submit The Following Documentation With Your Application:

- Official Transcript Of Your Grades. Must Be In A Sealed Envelope From Your High School.**
- One-Page Essay**
- Three Letters Of Recommendation: (Can Come From Three Of The Four Categories Below)**
 - **Church Leader (i.e., Pastor, Youth Minister, Sunday School Teacher, Deacon, Deaconess, Or Youth Advisor.**
 - **School Administrator (i.e., Guidance Counselor, Principal, Or Assistant Principal).**
 - **School (i.e., Teacher, Coach, Or Organization Sponsor).**
 - **Employer**

**Please Mail Your Completed Application Packet And Make Sure To Include All The Required Documents
Your Packet Must Be Postmarked by April 30, 2026.**

Please Return Completed Packet to the Scholarship Chairperson:

Dr. Liz Baltimore

PO Box 11538

Alexandria, Va. 22312

Email: mwmwnovascholarship@gmail.com

Text/Call: 703-626-2916

***Please Note: Applications Postmarked after the required Date and/or are Incomplete Will Be Disqualified. Please Follow All Directions. Handwritten Signatures Are Required; Computerized Signatures Are Unacceptable.**