

**Rev. Dr. Johnnie M. Brown - Women in Ministry Scholarship
Presented by the Center of Healing and Wholeness (COHAW)**

APPLICATION:

Date: _____

Applicant's Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: Work: () _____ Home: () _____

Cell or Other: () _____ Fax: () _____

E-mail: _____

Current church attending: _____

Pastor: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell or Other: () _____ Fax: () _____

E-mail: _____

Certified Bible College Enrollment: _____ GPA: _____

Faculty Advisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell or Other: () _____ Fax: () _____

E-mail: _____

Current Occupation: _____

Please attach: Applicants autobiography and three letters of recommendations with their contact information.