

Opportunity Fund Guidelines

The Opportunity Fund shall be administered by the Executive Committee upon recommendation from the presidential appointee. The fund shall provide money for American Baptist Women NYS and AB GIRLS NYS to have the opportunity to attend conferences, conventions and other similar events.

Completed applications requesting funds for the National Women's Conference and the National AB GIRLS conference or the ABW ministries NYS Convention shall be submitted by **March 1**.

Completed applications requesting funds for a NYS Area Conference, AB GIRLS NYS Conference or other events sponsored by ABW Ministries shall be submitted **one month prior** to the registration deadline.

The monetary details are:

\$2000 maximum amount given out per year

\$200 given for National events

\$75 given for NYS Convention and AB GIRLS events

\$25 given for area conferences

An individual would have to wait for 3 years before re-applying for an additional award.

American Baptist Women's Ministries of New York State
REQUEST FOR OPPORTUNITIES FUND ASSISTANCE

REQUEST DEADLINES: AB Women's National Conference or AB Women's Convention – **MARCH 1**
ABGIRLS, Area Conference or other AB Women's Ministries sponsored event – **1 month before**
Registration Deadline

APPLICANT NAME: _____ DATE _____

ADDRESS _____

PHONE NO. _____ EMAIL _____

Member of this ABC Church _____

AB Women's Ministries I participate in _____

Other Leadership Roles _____

AGE: 12-20 _____ 21-40 _____ 41-55 _____ 56-65 _____ 66-75 _____ 76+ _____

REFERENCE PERSON FROM CHURCH _____
(Letter of Reference **MUST** be included with this request.)

PHONE NO. _____ EMAIL _____

EVENT ATTENDING _____

DATE OF EVENT _____ REGISTRATION DEADLINE _____

FIRST TIME ATTENDING? _____

REASON YOU WISH TO ATTEND (May continue on back as needed)

The amount of individual financial assistance will be flexible, depending upon available funds and determined by the Executive Committee of AB Women's Ministries NYS. An individual will be granted only one scholarship award every three years. "First-timers" will be given priority consideration.

SEND FORM AN REFERENCE LETTER TO:

Claudia Little

7 Orchard Street,Cuba NY 14727

OR

Email at: claudialittle7@icloud.com

Scholarship Amount Needed: Registration _____

Room & Board _____

Travel (outside of NYS) _____

Subtract other Financial aid. - _____

NET AMOUNT NEEDED _____