



Jan Kerr Crowe Scholarship Fund Application

Name: _____
Address: _____
City: _____
Zip: _____
Phone: _____
Email: _____

Course Selected: _____
City/Location of classes: _____
Time: _____

How much (if any) are you able to pay toward tuition? _____
What do you desire to gain from this class?

If you are involved in Ministry at your church or community,
please describe in what capacity you serve?

Please return completed application to: PO Box 6296 – Tyler, TX
75711

Questions? Contact Susan Howard, Executive Director at 903-
730-0202 or info@womenary.com. Or visit our website at
www.womenary.com.