

R. NIEL HAMPTON, JR.
MEMORIAL SCHOLARSHIP FUND

To: Scholarship Applicants

Please find the attached Scholarship Application. This scholarship is designated for students who need assistance and have surrendered to an area of full time ministry. The application must be returned to the scholarship committee on or before May 1st of the year the scholarship is to be awarded.

Please note that the application **MUST** be completed in full. There is a checklist for you on this page. Please be sure everything is turned in. We hate to say no because something was forgotten. If it is not completed in full it will not be considered. If an item is not applicable put N/A in the blank. A current application must be used. If you have any questions please call Hal McIntosh the church's Student Pastor at 904-879-1007. Thanks and God bless

Check List (all items must be complete for consideration)

_____ Turned in on time (May 1st of award year)

_____ Copies GPA for last two (2) grading periods

_____ Personal statement form

_____ Pastor or Youth Pastor evaluation form

_____ Copy of acceptance letter to designated college (if available)

_____ All blanks filled in (if the item does not apply put N/A)

Please send application to:

R. Niel Hampton Memorial Scholarship
C/O River Road Baptist Church 21067 County Road
121 Hilliard, FL 32046

SCHOLARSHIP APPLICATION

1. Name _____ Date _____

2. Address _____ Phone _____

3. Present church membership _____

4. Length of membership _____

5. Mother _____

name

occupation

employer

position

how long

6. Father _____

name

occupation

employer

position

how long

7. Please note number of anticipated semester hours. _____

8. Education data

Name of school

Dates
Attended

Date of
Graduation

GPA

High School _____

High School _____

College _____

College _____

Activities in high school _____

Activities in college/university _____

Community Service _____

9. Financial Aid needed for:

<u>Expenses</u>	<u>Resources</u>		
Tuition	\$ _____	Resources from parents/spouse/self	\$ _____
Fees	\$ _____	Savings/summer earnings	\$ _____
Room & board	\$ _____	Grants/scholarships	\$ _____
Books/supplies	\$ _____	Loans	\$ _____
Other expenses	\$ _____	Other Income	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

** Financial aid needed for this semester \$ _____

10. Explain any unusual circumstances which should be considered by the committee reviewing this application. _____

11. Spiritual

What do you plan for your life's work? _____

List Christian work done in the church and community with dates. _____

15. Realizing the importance of the committee having full and complete information before it can act on his application for scholarship funds, I certify that the information contained herein is correct.

Applicant's signature

Date

Parent's signature (if providing financial assistance)

Date

Scholarship Application-Pastor or Youth Pastor Evaluation

Applicant's Name: _____

The above named student has applied to the R. Niel Hampton Memorial Scholarship Committee for a scholarship. We will be aided in our evaluation by your confidential endorsement provided in the rating form below. Your remarks will be held confidential and used for guidance in making an objective scholarship decision.

Is the applicant loyal and faithful to his church? _____

Does the applicant have leadership ability? _____

Is the applicant a good student? _____

Does the applicant apply his/her talents to the task at hand? _____

Does the applicant wisely manage his/her financial affairs? _____

Do you consider applicant's character above reproach? _____

Does the applicant give evidence of serious purpose in life? _____

Do you recommend the applicant for student financial aid? _____

Provide name and address of another person who could be contacted as reference:

Comments: _____

Number of years you have known applicant: _____ Relationship: _____

Please list your name and mailing address: _____

Mail completed form to:

R. Niel Hampton Jr. Memorial Scholarship
C/O River Road Baptist Church
21067 County Road 121
Hilliard, FL 32046

PERSONAL STATEMENT FORM

Please provide on this form at least a one page statement giving information about yourself, your family, and your future plans, including your testimony and call to ministry. Use an additional sheet if necessary.