

**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 Testimony
- _____ Pastor or Youth Pastor Letter of Reference
- _____ 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:

Expenses

Tuition \$ _____

Fees \$ _____

Room & board \$ _____

Books/supplies \$ _____

Other expenses \$ _____
(related to education)

TOTAL \$ _____

Resources

Resources from parents/spouse/self \$ _____

Savings/summer earnings \$ _____

Grants/scholarships \$ _____

Loans \$ _____

Other income \$ _____

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. _____

12. Realizing the importance of the committee having full and complete information before it can act on this 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