

## **Reverend R. N. Huneycutt Scholarship of the Rowan Southern Baptist Association v.org**

*The purpose of this fund will be to assist students whose lives have been committed to a full-time, church-related vocation to get a proper education for their calling; and to assist in properly equipping those who have been called into full-time, church-related vocations who were called out of a Rowan Southern Baptist Association church.*

*Annual scholarships of variable amounts as the income from the fund may provide will be awarded to students currently enrolled at a college, university, Bible Institute, or seminary that is sponsored either by the Southern Baptist Convention or by one of the state Baptist conventions affiliated with the Southern Baptist Convention. An applicant must provide a copy of documentation from the post-secondary institution indicating he or she fulfills this specification.*

*The student must provide a formal, written statement from his/her church to the effect that the student has indeed committed his/her life to a full-time, church-related vocation.*

*On the separate Scholarship/Finance information form that follows the application, the applicant must provide his or her name and address, a contact number where he or she can be reached, and the name and address of the post-secondary institution and its finance officer. Include a contact number and e-mail address for the finance officer, and the dates when funds are due each semester or quarter.*

### **INSTRUCTIONS:**

- To determine eligibility, refer to the above criteria established by the Huneycutt Scholarship founders.
- From the post-secondary institution acquire documents that verify your enrollment in good standing.
- From the Rowan Southern Baptist Association church where you are a member in good standing, acquire a letter attesting that you have committed your life to a full-time church-related vocation.
- Either pick up a copy of the R. N. Huneycutt Scholarship application from the Rowan Southern Baptist Association office, or download and print a copy of the application available on-line at <http://rowansba.org/scholarship.htm>. *Your application with related documents attached must be submitted as hard copies.*
- Type or print your answers legibly in black ink. Illegible applications will be returned.
- Please provide all information requested. Incomplete applications will be returned. As requested, application information will be kept confidential.
- Return the completed application with all documents attached *by May 15 or November 15* to

**Huneycutt Scholarship Committee  
c/o Rowan Southern Baptist Association  
832 South Main Street  
Salisbury, North Carolina 28144-5436**

Please address any questions or concerns to a member of the Reverend R. N. Huneycutt Scholarship Committee whose telephone number, land mail, and/or e-mail addresses are available from the Administrative Assistant at the Rowan Southern Baptist Association office.

**Scholarship recipients will receive two copies of a formal award letter via mail. It will be the recipient's responsibility to forward one copy to the institution.**

**Application**  
**Reverend R. N. Huneycutt Scholarship**  
**of the Rowan Southern Baptist Association** v.org

Please **type** or in **black ink** legibly **print** your answers. Attach a black & white photograph.

1. **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_
2. **Mailing Address Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_
3. **Daytime Telephone Number:** ( ) \_\_\_\_\_ **Work Cell**
4. **Evening Telephone Number:** ( ) \_\_\_\_\_ **Home Cell**
5. **In what Rowan Southern Baptist Association church are you a member?**  
**Name:** \_\_\_\_\_ **Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** NC **Zip:** \_\_\_\_\_ **Member since:** \_\_\_\_\_
6. **What is your marital status?** \_\_\_\_\_ **Whose dependent are you?** \_\_\_\_\_
7. **Please list your dependents, if any, and their ages.** \_\_\_\_\_  
\_\_\_\_\_
8. **Where are you employed?** \_\_\_\_\_  
**What is your position?** \_\_\_\_\_ **How many hours/week?** \_\_\_\_\_
9. **In what post-secondary institution are you currently enrolled to study?**  
**Institution Name:** \_\_\_\_\_  
**Mailing Address Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_  
**Telephone Number:** ( ) \_\_\_\_\_
10. **In what specialty/concentration do you plan to major as you continue your education?** \_\_\_\_\_

11. Give a brief statement describing your call to a full-time church-related vocation. Tell how your chosen major will help prepare you for this, and indicate your personal educational aims (degrees or types of schools).

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\_\_\_\_\_
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\_\_\_\_\_
\_\_\_\_\_
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\_\_\_\_\_
\_\_\_\_\_

12. Please list expected expenses for the academic year indicated.

Tuition, Fees and Books: \$ \_\_\_\_\_

Room, Board, & Transportation: \$ \_\_\_\_\_

Other: Specify \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

13. List any other scholarship assistance or grants and their values that are confirmed for the academic year indicated.

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

14. Please list and explain any additional issues the Committee should know. \_\_\_\_\_

\_\_\_\_\_

I believe all the information provided to be true. I certify that I am not receiving full funding for my education from an employer, any branch of the Armed Services, or any other organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Post-secondary Institution Scholarship/Finance Information

### Reverend R. N. Huneycutt Scholarship v.org of the Rowan Southern Baptist Association

Please type or in black ink legibly print your answers.

Huneycutt Scholarship Recipient: \_\_\_\_\_

Recipient's Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Student's Social Security Number or College Identification Number:

\_\_\_\_\_

Institution's Name: \_\_\_\_\_

Institution's Finance Officer: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

In the next twelve months, this scholarship will pay an equal installment for each semester or quarter that the recipient is enrolled in good standing. Please indicate below the calendar year, the semester or quarter and the date when each academic session's payment is due.

<u>Calendar Year</u>	<u>Semester/Quarter</u>	<u>Due Date for Funds</u>
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*I believe this information to be true. I acknowledge that it is my responsibility to notify the **Huneycutt Scholarship Committee** of the Rowan Southern Baptist Association if I am no longer eligible for this scholarship either on the basis of my membership, in good standing, in a Rowan Southern Baptist Association or affiliated church, or on the basis of unacceptable standing to continue my enrollment in this post-secondary institution, or on the basis of no longer preparing for full-time vocational ministry.*

*Furthermore, I give my permission for the Huneycutt Scholarship Committee to publish my name and photograph attached as a recipient of the R. N. Huneycutt Scholarship.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_