

***American Baptist Churches of the***

***Great Rivers Region***

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| Mailing Address:PO Box 13457Springfield IL 62791 | Phone: 217.726.7366Email: sally@abcgrr.orgWebsite: www.abcgrr.org | Physical Address:501 S Fourth StSpringfield IL 62701 |
|  Sally P Jones - Administrative Assistant |  |

Scholarship Applicant:

Enclosed you will find materials that we use for the Great Rivers Region Scholarships (*Gernenz-Shurtleff/Wilcoxen and Long*). Please note the guidelines included for each scholarship. Scholarships are not awarded for work beyond the doctoral level. We need all forms returned to our office by April 1, 2024.

**NOTE**: I am also sending you a checklist to check off as you get your materials together. That way you will know what you still need to get turned in.

If you wish to apply, please return this application form and a transcript to us by ***APRIL 1, 2024***. **This is very important!** All application information and materials must be received in the GRR office by the deadline. Once this date has passed the information and materials will not be accepted. *A valid email and phone number must be included with the application. Scholarship applicants are responsible for checking email and phone messages from the Region office. There is no exception to the deadlines for documents, including the verification form (due April 30) that is required after scholarship awards notifications are sent.*

**In addition to the enclosed material, two other items are required:**

**1. Official transcript must be sent to the Region office by your high school or college (if appropriate).**

**2. Mail or email a copy of your acceptance letter from the college/seminary.**

All scholarship applications will be reviewed after the April 1 deadline. You will be notified by mail and email of any award after the April 1 deadline. Within 10 days notices will be sent out. And the Verification forms will be due April 30.

Thank you for applying for these scholarships. We wish you well as you prepare for a life vocation.

**American Baptist Churches of the Great Rivers Region**

**GERNENZ-SHURTLEFF and WILCOXEN SCHOLARSHIP**

**GUIDELINES**

1. The applicant must be an American Baptist. The applicant must hold membership in an American Baptist Church of the ***Great Rivers Region*** at the time of application.

2. The applicant shall be a full-time student in a degree program up to and including the master’s level. Applicant must give evidence of potential for Christian service in the world today, regardless of their vocation. The applicant must be nominated by the pastor or other professional church leader of the church where membership is held. When the church does not have a pastor or other professional church leader at the time the application is submitted, the Church School Superintendent or Youth Advisor should make the nomination.

3. The applicant must have a letter of recommendation from one lay leader of the church where membership is held.

4. The applicant must have a letter of recommendation from the principal, a teacher, or a counselor from the applicant's high school. For those already in college or seminary, a letter from a teacher or counselor at that institution may be submitted to meet this requirement.

5. At the time of application, the applicant’s school must submit original high school, college or seminary transcripts to the Great Rivers Region office. Original transcripts cannot be emailed.

6. The applicant must include a financial statement on the forms that are provided with the application.

7. The applicant must include an estimate of expenses for one year and the intended choice of school.

8. Applications must be in the Regional Office by ***APRIL 1, 2024***. Scholarships award checks will be made out to the applicant's school. Award checks will be mailed once the applicant’s verification form\* is received at the Region Office.

9. The number and size of scholarships changes from year to year depending on the amount of money available and the number of applicants.

\*Verification Form includes confirmation and enrollment in for full time studies for a degree program by a school accredited by the North Central Association of Colleges and Schools.

**American Baptist Churches of the Great Rivers Region**

**HAROLD O. LONG SCHOLARSHIP**

**GUIDELINES**

1. The applicant must be an American Baptist who is holding membership in an American Baptist church of the ***Great Rivers Region*** at the time of application.
2. The applicant must give evidence of plans and potential for full time Christian ministry in the world.
3. The applicant must give evidence of strong academic standing and achievement.
4. The applicant must demonstrate financial need, must submit a financial statement on forms that will be provided with the application, and must present a statement of his/her estimated college or seminary expenses.
5. The applicant must be entering (or already be a student at) an American Baptist related college, university, or seminary as a full-time student for a master’s or doctoral level degree.
6. Applications must be received in the Regional Office by ***APRIL 1, 2024***. Scholarship checks will be issued to the applicant’s school for the fall semester once the verification form of acceptance and enrollment for a degree program by an accredited school has been received at the Region Office.
7. Applicants who are entering students or who are first time applicants will have preference over those already enrolled at a school. Renewal applications will be welcomed each year until graduation, provided that a C average or above GPA is maintained.
8. The number and size of scholarships may change from year to year depending upon the amount of income available for distribution from the Scholarship Fund. However, the minimum amount for a Harold O. Long Scholarship shall be $1,000.00.
9. Otherwise, qualified applicants who are members of the First Baptist Church of Decatur, Illinois, will be given preference in the granting of awards. Second priority will be given to qualified applicants who are members of American Baptist Churches in Area II; third priority will be given to qualified applicants from other churches from the Great Rivers Region.

# American Baptist Churches of the Great Rivers Region

# GREAT RIVERS REGION SCHOLARSHIP

### ***DEADLINE – APRIL 1, 2024***

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| --- | --- | --- | --- | --- |
| **Applying for:**  |  | **Gernenz-Shurtleff/Wilcoxen**  |  | **Long** |
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|  |
| Name: |  |
|  |  Last First Middle |
|  |
| Home Address: |  |
|  |  |
| City, State & Zip: |  |
|  |  |
| Phone: |  | Email: |  |
|  |  |  |  |
| Birthdate: |  |
|  |  |
| Present Church attending: |  |
|  |  |
| Church Location: |  |
|  |  |
| Pastor: |  |
|  |  |
| Is this a Great Rivers Region Church? |  |
|  |  |
| How long have you been a member of this church? |  |
|  |  |
| School where you plan to use scholarship aid: |  |
|  |  |
| Academic year needed: |  |
|  |  |
| Approximate mileage to school: |  |
|  |  |
| Candidate for what degree: |  |
|  |  |
| Expected date to receive degree: |  |
|  |  |
| Date Official high school/college/seminary transcript requested be sent to GRR office: |  |
|  |  |
| Academic standing in class: |  | of |  |
|  |  |  |  |

*- next page -*

***Application Form Continued***

Please write a paragraph about yourself (include your major field of study, your vocational choice, church and related activities, school activities, community activities, and a brief statement of your Christian commitment).

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| --- | --- |
| Applicant’s Signature: |  |
|  |  |
| Date: |  |
|  |  |

**RETURN THIS FORM DIRECTLY TO:**

**GRR Scholarships**

**Attn: Sally Jones**

**POB 13457**

**Springfield IL 62791**

**Email everything but transcripts to Sally@ABCGRR.org**

**AMERICAN BAPTIST CHURCHES OF THE GREAT RIVERS REGION**

**GREAT RIVERS REGION SCHOLARSHIP**

**(Gernenz-Shurtleff/Wilcoxen and Long)**

***DEADLINE – APRIL 1,2024***

##### ***FINANCIAL AID FORM***

*(If an established student, some questions below may not apply. If so, fill out the form regarding your situation.) \**

|  |  |
| --- | --- |
| Name: |  |
|  |
| Home Address: |  |
|  |  |
| City, State & Zip: |  |
|  |  |
| Phone: |  | Email: |  |
|  |  |  |  |
| Father’s Name\*: |  | Occupation: |  |
|  |  |  |  |
| Mother’s Name\*: |  | Occupation: |  |
|  |  |  |  |
| College or Seminary you plan to attend: |  |
|  |  |
| Present Career/Occupational Goals: |  |
|  |  |
|  |
|  |
|  |
| Names and ages of siblings\*: |  |
|  |  |
|  |
|  |
| Will any other member of your family be in college next fall? \* |  |
|  |  |
|  |
| If yes, please give name of family member and college attending: |  |
|  |
|  |
| How much annual financial support will your parents provide to assist you to meet your college costs? \* |
|  |
|  |

*- next page -*

***Financial Aid Form Continued***

|  |
| --- |
| Please list the name of the college/seminary the following expenses apply: |
|  |
|  |

##### ***Annual Expenses***

|  |  |  |
| --- | --- | --- |
| Estimated Expenses |  | Estimated Resources |
|  |
|  |  |  |
| Tuition |  | Other Scholarships or Grants |
|  |
|  |  |  |
| Room & Board |  | Loans |
|  |
|  |  |  |
| Fees & Books |  | Savings |
|  |
|  |  |  |
| Transportation |  | Employment |
|  |
|  |  |  |
| Personal |  | Parent’s Financial Support\* |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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| **Total Expenses (Estimated)** |  | **Total Resources (Estimated)** |
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|  |  |  |  |  |  |  |
|  |
| Name: |  |
|  |  |
| Date: |  |

##

**RETURN THIS FORM DIRECTLY TO: GRR Scholarships**

**Attn: Sally Jones**

**POB 13457**

**Springfield IL 62791**

**Email everything but transcripts to Sally@ABCGRR.org**

**American Baptist Churches in the Great Rivers Region Scholarship**

**(Gernenz-Shurtleff/Wilcoxen and Long)**

***APRIL 1, 2024***

|  |  |
| --- | --- |
| Student’s Name: |  |
|  |
|  |
|  | **CONFIDENTIAL APPRAISAL BY PASTOR** |  |
|  |
| **We would appreciate your comments on the following points regarding this student.** (*If church is without a* |
| *Pastor, the Deacon, Moderator, or Youth Minister may fill out form*.) |
|  |
| 1. I have known the applicant for |  | years. |
|  |
| 2. Applicant has been a member of this church since: |  |
|  |  |
| 3. Is this church affiliated with American Baptist Churches of the Great Rivers Region? |
|  |
|  |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |  |  |
|  |
| 4. Applicant is (check one |  | Good |  | Average |  | Poor) participant in the youth activities of the  |
|  |  |  |  |  |  |  |
| Church? (if in college when applicant is home from school.) |
|  |  |  |  |  |
| 5. What role has the applicant played in young people activities and/or other activities of the church? |
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|  |  |  |  |  |
| 6. In what ways has applicant demonstrated potential for Christian ministry? |
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|  |  |  |  |  |
| 7. Do you think the applicant will be a successful student? |
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|  |  |  |  |  |
| 8. Why do you personally recommend the applicant for scholarship assistance? |
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|  |

Additional comments may be put on back

|  |  |
| --- | --- |
| Name: |  |
|  |  |  |  |
| Address: |  |
|  |  |  |  |
| Church: |  |
|  |  |  |  |

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**American Baptist Churches of the Great Rivers Region Scholarship**

**(Gernenz-Shurtleff/Wilcoxen and Long)**

***DEADLINE – APRIL 1, 2024***

|  |  |
| --- | --- |
| Student’s Name: |  |
|  |
|  | **CONFIDENTIAL APPRAISAL BY LAY PERSON** |  |
|  |
| **We would appreciate your comments on the following points regarding this applicant’s performance.** If your |
| experience with the applicant has not provided you with a basis for answering some questions,  |
| mark them “Don’t Know.” |
|  |
| 1. How long have you known applicant and what is your relationship as a lay person in applicant’s church? |
|  |
|  |
|  |
| 2. What evidence have you noticed of applicant’s sensitivity to the interests and needs of other people?  |
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| 3. What motivates this applicant when they show leadership?  |
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| 4. How has the applicant’s environment influenced their development? |
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| 5. What is there about this person that might be indicative of a Christian lifestyle?  |
|  |
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|  |
| 6. In what ways had applicant demonstrated potential for Christian ministry?  |
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| 7. Additional comments to help the Scholarship Committee to understand this applicant better (Optional):  |
|  |
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Additional comments may be put on the back

|  |  |
| --- | --- |
| Appraisal by: |  |
|  |  |  |  |
| Address: |  |
|  |  |  |  |

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**American Baptist Churches of the Great Rivers Region Scholarship**

**(Gernenz-Shurtleff/Wilcoxen and Long)**

***DEADLINE – APRIL 1, 2024***

|  |  |
| --- | --- |
| Student’s Name: |  |
|  |
|  | **CONFIDENTIAL APPRAISAL BY EDUCATOR** |  |
|  |
| **We would appreciate your comments on the following points regarding this applicant’s performance.** If your |
| experience with the applicant has not provided you with a basis for answering some questions,  |
| mark them “Don’t Know.” |
|  |
| 1. How long have you known applicant and what is your relationship to them (teacher, principal, counselor)? |
|  |
|  |
|  |
| 2. What evidence have you noticed of applicant’s sensitivity to the interests and needs of other people?  |
|  |
|  |
|  |
| 3. What motivates this applicant when they show leadership?  |
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|  |
|  |
| 4. How has the applicant’s environment influenced their development?  |
|  |
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|  |
| 5. In what ways has the applicant shown to be a creative person?  |
|  |
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|  |
| 6. Additional comments to help Scholarship Committee to understand this applicant better (Optional): |
|  |
|  |
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Additional Comments may be put on the back

|  |  |
| --- | --- |
| Appraisal by: |  |
|  |  |  |  |
| Address: |  |
|  |  |  |  |

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