

# Jim Henry Scholarship

Application Instructions—Spring 2014

## Description

The Jim Henry Scholarship is provided through the Florida Baptist Convention for Southern Baptist students that need financial assistance to attend Leavell College and NOBTS Florida extension centers.

This is a need-based fund with limited resources. Applicants will be notified of scholarship award amount by January 13, 2014. Application for scholarship assistance **does not** guarantee funding.

## Eligibility

1. Part-time or full-time students enrolled in classroom, hybrid, or internet courses at Leavell College and NOBTS Florida extension centers. *Note: Workshops **do not qualify** for Jim Henry funds.*
2. Active member at a Southern Baptist Church that contributes to the Florida Baptist Convention.

## Deadline

Applications must be **received** at the address below on or before:

**4:00 PM Tuesday, January 7, 2014**

## Procedure

1. Register for classes on Self-Serve. (New students will register at orientation.)
2. Complete, review, sign, and date the application. **Print clearly.**
3. Write two *handwritten* thank you notes, one to Dr. John Sullivan and one to Dr. Jim Henry.
4. Mail or hand deliver completed application and *handwritten* thank you notes to:

**Kim Smith  
Orlando Theological Education Hub  
3000 S. John Young Parkway  
Orlando, FL 32805**

## Guidelines

Make sure that all information on the application is accurate. *(An application will be refused if it is incomplete, illegible, submitted by fax, email or after the deadline. **No exceptions will be allowed.**)*

**Questions?** Contact Kim Smith at 407-514-4592 or [orlandocenterassist@nobts.edu](mailto:orlandocenterassist@nobts.edu).

**Tell us about you...**

Jim Henry Scholarship Application | Spring 2014

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of dependent children living with you \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ Year Joined \_\_\_\_\_

| Employer Information for You and Your Spouse<br>(Use the back of the form if you need more space.) | Hours/Week | Net<br>Earnings/Month |
|----------------------------------------------------------------------------------------------------|------------|-----------------------|
|                                                                                                    |            |                       |
|                                                                                                    |            |                       |

**School and Financial Aid Information**

I have registered for \_\_\_\_\_ credit hours for Spring 2014.

What other scholarships or funding will you receive for the Spring 2014 semester?

Source: \_\_\_\_\_ \$ \_\_\_\_\_

**Personal Statement**

Why do you need financial assistance for the coming semester? *Use the back of the form, if needed.*

**Have you completed your application in full?**

**Initial each statement below.**

\_\_\_ My application is completed in full, including the Personal Statement (above).

\_\_\_ I am registered for classes.

\_\_\_ I have written and included two *handwritten* thank you notes, one for Dr. John Sullivan and one for Dr. Jim Henry.

\_\_\_ I understand that scholarship funds will be removed from my student account if I drop classes.

\_\_\_ All information on this application is correct.

\_\_\_ I understand that applications will **not be accepted by fax, email or after the deadline.**

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail or hand deliver completed application and *handwritten* thank you notes to:**

Kim Smith  
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Orlando, FL 32805

**Application Deadline: Tuesday, January 7, 2014**

