

New Jersey State Baptist Deacons' Convention and Its Auxiliaries

Deacon James Plummer
Parent Body President

Deaconess Joyce Murphy
Women's Auxiliary President

Deacon Eugene McArthur
Scholarship Committee Chair.

SCHOLARSHIP APPLICATION (BOOK AWARD) 2024

Date: February 13, 2024

Dear Applicant,

Below you will find the requirements for applicants for the Book Award given by the New Jersey State Baptist Deacons' Convention and Its Auxiliaries (NJSBDC). The amount of the award is \$100.00, and it will be given to each approved candidate at the New Jersey State Baptist Deacons' Convention Mid-Session on November 16, 2024.

You MUST comply with everything that is listed below to be considered for a Book Award.

- Your church MUST have an active membership in one of the five Local Deacons Unions in the NJSBDC.
- You MUST be an active member in good standing in your church.
- You MUST include a copy of your transcript from your high school.
- You MUST have one (1) letter of recommendation from your Pastor, Chairman of the Deacons Ministry, youth leader, or Sunday School teacher.
- You MUST include a typewritten essay— 300 words or less on "Why I Should Receive This Scholarship." Also include any clubs or extra-curricular activities involved in school, community, and church.
- You MUST include a copy of your college acceptance letter(s).
- PLEASE review what you have written and have it signed by your Pastor or, in the absence of a Pastor, the Chairman of the Deacons' or Diaconate Ministry.

Please send your completed scholarship application to one of the Local Union Presidents below by July 15, 2024. The Local Union President will review the application for completeness. All incomplete applications will be returned. The Local Union President will forward the completed application to the Scholarship Committee Chairperson, Deacon Eugene McArthur for Committee review and approval.

- Deacon William Smalls, Jr., 611 Prospect Place, Neptune, NJ 07753
Tel: (732) 751-0161, email address: deaconsma@aol.com
- Deacon Vincent Owes, 242 Heywood Avenue, Orange, NJ 07050
Tel: (973) 651-2785, email address: vowes@yahoo.com
- Deacon James Vidal, 20 Arborwood Lane, Sicklerville, NJ 08081
Tel: (609) 221-4869, email address: dutch1962@verizon.net
- Deacon Gregory G. Johnson, 282 Glenn Avenue, Lawrence Township, NJ 08648
Tel: (609) 731-6960, email address: gregoryjohnson282@gmail.com
- Deacon Eugene McArthur, 218 East 10th Avenue, Roselle, NJ 07203
Tel: (908) 245-7581, email address: gllrmk@comcast.net

In His Service,

Deacon Eugene McArthur

NJSBDC Scholarship Committee Chairperson

SCHOLARSHIP APPLICATION

1. **DEADLINE** for scholarship application is July 15, 2024
2. .
3. **Type or print legibly. Illegible applications will be returned to you.**
4. **If you have any questions about the application, please email Deacon Eugene McArthur at GLMRK@comcast.net**

PERSONAL INFORMATION

Please type or print your answers. If the application is illegible, it will be returned to you.		
1.	First Name: _____	Last Name: _____
2.	Mailing Address: Street/Box: _____ <div style="display: flex; justify-content: space-between;">City: _____State: _____ZIP: _____</div>	
3.	Daytime Telephone Number: () Cell Phone Telephone Number: ()	
4.	Date of Birth: Month Day Year	
5.	In the Fall of 2022, I will be attending college as a: (Circle one) Freshman Sophomore Junior Senior	
6.	Grade Point Average (GPA): _____ (On a 4.0 scale)	
7.	Name & address of parent(s) or legal guardian(s): Name (s) _____ _____ _____ Street/Box: _____ City: _____ State: _____ ZIP: _____ Home phone or Cell Phone of parents or legal guardians: () _____ _____	
8.	Name and city of high school attended: _____	Year you will graduate/ graduated: _____

9.	<p>List the name of the college, university, business, or trade school you will be attending.</p> <p>Name:</p> <p>Address:</p> <p>City/State/Zip</p> <p>Financial Contact Name:</p> <p>Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds</p>
10.	<p>What is your intended major?</p>

11.	<p>Name and Address of the Church you attend:</p>
12.	<p>Name of active Member in one of the five Deacons Union in the NJSBDC</p>

STATEMENT OF ACCURACY

I hereby affirm that all information above provided by me is true and correct to the best of my knowledge.

Signature of scholarship applicant: _____ Date: _____

As Pastor/Minister/Chairperson of the Deacons'/Diaconate Ministry, I affirm that the above information is correct.

Signature: _____

Date _____