



# FIRST BAPTIST ON FIFTH

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501 West Fifth Street  
Winston Salem, NC 27101

(336) 722-2558  
(336) 725-1273 (fax)

[www.firstonfifth.org](http://www.firstonfifth.org)  
[scholarship@firstonfifth.org](mailto:scholarship@firstonfifth.org)

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## Blackwell Memorial Fund

In 1944, the Blackwell family established the Blackwell Memorial Fund to provide scholarships/grants to worthy North Carolina students who feel called and are preparing for ministry within the Baptist tradition at the Graduate Level (such as Divinity School, Seminary, etc...). Ministry within the Baptist tradition as identified for this fund includes ministries such as (but not limited to) preaching ministry, music ministry, youth ministry, family and children's ministry, pastoral counseling, chaplaincy, missionary service, church planting, or other areas of ministry.

The Blackwell Memorial Fund committee seeks to assist candidates for Baptist ministry who have the highest possible abilities, attitude, qualification, and likelihood of being outstanding, effective, and devoted ministers. Financial assistance is in the form of grants, no repayment is expected. Repayment shall only be the recipient's service to the Lord Jesus.

Grants will be awarded to applicants according to the following priorities: first priority to persons who are members of the First Baptist Church of Winston Salem and are North Carolina residents; second priority to persons who are Forsyth County, North Carolina residents and members of Forsyth County North Carolina Baptist Churches; third priority to all other persons who are residents of North Carolina and members of North Carolina Baptist Churches.

Grants will be awarded based on all Application materials (application, estimated budget form, attachments, personal references, and academic record) and required priorities described above. The amount of each grant will be determined according to the availability of funds for distribution and the number of eligible candidates with financial need. Please note that the Blackwell Fund can only be used for charges for tuition and fees made by the institution and all checks are payable to the institution; the Blackwell Fund does not support other expenses, such as food, lodging, travel, etc.

Applications and supporting documents should be mailed to First Baptist Church, 501 West Fifth Street, Winston Salem, NC 27101, or e-mailed to the chairman of the Scholarship Committee at [scholarship@firstonfifth.org](mailto:scholarship@firstonfifth.org), and be received by 12:00 noon on **Friday, May 1, 2026**. Awards will be announced before July 1, 2026.

### Return to:

First Baptist Church  
c/o Blackwell Memorial Fund  
501 W. Fifth Street  
Winston Salem, NC 27101

OR

[scholarship@firstonfifth.org](mailto:scholarship@firstonfifth.org)

**THE BLACKWELL MEMORIAL FUND  
STUDENT APPLICATION  
2026-2027**

Please complete this application form. Supply each of your references with one of the enclosed recommendation forms after you have read them completely. Return your completed application to:

**The Blackwell Memorial Fund  
% First Baptist Church  
501 West Fifth Street  
Winston Salem, NC 27101**

**Email to:  
OR scholarship@firstonfifth.org**

To be eligible, forms must be turned in by noon on Friday, May 1, 2026

**STUDENT GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street  
City State Zip Code

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Highest Level of Education completed: \_\_\_\_\_

Date completed: \_\_\_\_\_

Date of (expected) Graduation from Divinity/Seminary School: \_\_\_\_\_

**STUDENT FINANCIAL INFORMATION**

\*PLEASE INCLUDE a copy of your most recent school transcript (attach to this application)

Divinity School or Seminary which you plan to attend/are attending: \_\_\_\_\_

Source of Income (if applicable) \$ \_\_\_\_\_

Total Income for latest full year: \$ \_\_\_\_\_

Amount of assistance received from family/others: \$ \_\_\_\_\_

Student residence during the school year scholarship is designated for: (dorm, home, apartment, etc...)

\_\_\_\_\_

A. Estimated cost of school year scholarship is designated for: \$ \_\_\_\_\_  
(Source of estimate) \_\_\_\_\_

B. Student Resources and Contributions:

1. Savings & Assets:
2. Earnings:
3. Grants/Aids/Loans:
4. Family Contributions:
5. Other:

Estimated Need (A minus B): \_\_\_\_\_

List the names and addresses of two persons, other than relatives, who will serve as references.  
One should be your pastor who can reflect upon your character. The other could be from a person at the applicant's most recent educational institution. The applicant should give the two persons a recommendation form and ask them to send it directly to the address/email located on the form.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Connection to the Applicant:  
\_\_\_\_\_

Connection to the Applicant:  
\_\_\_\_\_

Receipt of a grant from the **BLACKWELL MEMORIAL SCHOLARSHIP FUND** is contingent on your acceptance by and continued enrollment in the institute specified on this application. Any award must be used for this purpose only. Any other use of these funds will require repayment to the Fund by the applicant. In addition, you understand that primary preference will be given to members of the *First Baptist Church of Winston Salem*; secondary preference will be given to such persons who are members of *Baptist Churches of Forsyth County, NC*; and third preference will be given to such persons who are members of a *Baptist Church within North Carolina*. I, the undersigned, understand the requirements of the **BLACKWELL MEMORIAL SCHOLARSHIP FUND** and agree to abide by them.

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

\*IF APPLICANT IS UNDER THE AGE OF 18, PARENT/GUARDIAN MUST SIGN BELOW

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*For the First on Fifth Scholarship Committee purposes, please share how you learned of the **BLACKWELL MEMORIAL** scholarship & any connection you have/had with First Baptist Church on Fifth Street.

\_\_\_\_\_

**BLACKWELL MEMORIAL SCHOLARSHIP FUND**  
**APPLICANT STATEMENT**

*Using the bottom portion and back of this sheet, write a brief statement of your Christian experience. A statement of your intention for your life's devotion to Christian Service and Ministry. Explain why you believe you should receive this scholarship. Be sure to include information about the educational institute you are/will be attending, the programs or course of study you are enrolled in and your career goals once you complete your studies. (Field of study could include, but is not limited to, preaching ministry, music ministry, youth ministry, family & children's ministry, pastoral counseling, chaplaincy, missionary service, or church planting)*

**RECOMMENDATION FORM  
BLACKWELL MEMORIAL SCHOLARSHIP FUND**

\_\_\_\_\_ (applicant's name) is applying for the **BLACKWELL MEMORIAL SCHOLARSHIP** and asks that you submit a recommendation letter on their behalf. Under current law an applicant may have access to their application file and its recommendations unless they waive that right to access as indicated below. Most applicants sign the waiver so that their recommenders can submit confidential references. Please return your recommendation and this form to:

**Blackwell Memorial Scholarship Fund  
% First Baptist Church  
501 West Fifth Street  
Winston Salem, NC 27101**

**OR**

**Email to:  
scholarship@firstonfifth.org**

To be eligible, forms must be turned in by noon on Friday, May 1, 2026

\*Recommenders can use the bottom and back of this form to submit their letter of recommendation.

**WAIVER**

I agree that the committee administering the **BLACKWELL MEMORIAL SCHOLARSHIP FUND** shall hold the recommendation I am requesting in confidence, and I hereby waive any rights I have to examine it.

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

\*The applicant is not required to sign this waiver, but the waiving of access may add to the credibility of the recommendation)

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