

H. Milton Haggard Center for New Testament Textual Studies Scholar's Research Grant

1. Applicant

Applicant Name _____

Mailing Address _____

Present Position: _____

Institution Name _____

Mailing Address _____

E-Mail Address _____

Phone: Office/Home/Cell _____

Fax No. _____

Academic Degrees/year granted

Your Position/Title _____

Years at Current Position _____

Primary Teaching Areas: _____

2. Grant Category (Check one.)

- Post-doctoral research
- Sabbatical research
- Continuing Education
- Research to be assigned by the HCNTTS
- Other: Description: _____

3. Description of your research

Please attach a detailed description of your plans, purpose, and project/s for your work at the HCNTTS.

4. Grant Amount Requested

- \$500 (2 week Continuing Education study)
- \$1,500 (Summer study of about 1 month)
- \$4,000 (Partial or Semester-long study)
- Other (Explain this in the description of your research and budget details. Normally this entails a 6 month or 1 year commitment to work on projects that the Center is developing. Work is directly under the Center director.)

5. Financial Resources

a. Release Statement

I understand that this application will be reviewed by the decision-making body for this grant.

I hereby agree that this information can be disclosed to that group for the purpose of making a decision regarding this grant request (and only for that purpose).

b. Income sources and needs (attached a separate page with this information)

- (1) During your time of study at the HCNTTS, please list the sources of your income outside of this grant. This should include salary, other grants, special sabbatical funds, book advances, etc.
- (2) Give a detailed budget of your financial needs while at the HCNTTS, including both project funds and personal needs (room and board, family needs, etc.).
- (3) Explain why the funds from this grant are essential for your work at the HCNTTS and overall academic pursuits in connection with study here.

6. Agreement with Seminary Policies

a. Seminary Policies

Please read the seminary policies for those studying at the seminary and staying on the campus of the seminary.

These can be accessed at the seminary website, www.nobts.edu, where the policies are included in the seminary catalogue available there in pdf format.

Anyone studying at the HCNTTS must agree to abide by these policies while studying or doing research at the HCNTTS. Your signature below attests to your agreement to abide by these policies.

b. Signature signifying your agreement and request for consideration for this grant

I state and attest that:

- (1) I have reviewed the information and policies indicated above and agree to abide by them as a requirement of this grant
- (2) To the best of my knowledge, no untrue statement of a material fact is contained in this Application Package, and no omission related to my ethical and moral practices has been made. This includes but is not limited to sanctions and ethical breaches in my present and past professional settings.

Date _____

Signature _____

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7. References and Research Validation

a. Name of your dean or department chair:

(if not currently in an institutional setting, please give the name of your thesis director or the person you are working with at present that can validate that you will have a leave for studying at the HCNTTS)

Name _____

Position _____

Address _____

Phone _____

E-mail _____

b. Statement of Support

Please attach a statement supporting your research plans at the HCNTTS from the person named above.

c. Additional Research References

Please give the names of three additional references who can validate the following:

Your research capabilities

The feasibility of your study plans

Your research proposal's validity (if separate from the work of the Center)

1. Name _____

Position _____

Address _____

Phone _____

E-mail _____

2. Name _____

Position _____

Address _____

Phone _____

E-mail _____

3. Name _____

Position _____

Address _____

Phone _____

E-mail _____

8. Submission

The complete Grant Application Package must be postmarked or consigned to an overnight delivery service by the following dates for consideration in the indicated semesters:

November 1 for all grants related to the January through July period.

June 1 for all grants related to the August through December period.

Notification of approved grants will be sent generally within one month of the time of the application.

No grants will be allotted until after the submission date for that time period has passed and all grant requests have been evaluated.

Grants are considered invalid and forfeited if the recipient does not study at the HCNTTS.

Grants are not transferable to other settings or institutions.

Housing and other arrangements for board and such are the responsibility of the grant recipient, although the Center will aid applicants with these upon request.

Grant requests should be sent to the following address:

HCNTTS Scholar's Research Grant

c/o Dr. Bill Warren
3939 Gentilly Blvd.
New Orleans, LA 70126
(504) 816-8190

Note: The Grant Application Package must include a proof of the mailing date if near the application deadline.

For more information or to have questions answered, e-mail the director: wfwarrenii@me.com