THE NEW MACEDONIA BAPTIST CHURCH SCHOLARSHIP MINISTRY

REVEREND DR. ROBERT L. WALLS, SR. MEMORIAL SCHOLARSHIP APPLICATION

Application, high resolution, color, official graduation picture (jpeg) attached, due by Sunday, April 30, 2023 @ 11:00am

Late applications will not be accepted.

Please email the application to ScholarshipMinistry@TNMBC.org or place the application in the Scholarship Ministry mailbox.

INSTRUCTIONS FOR SUBMISSION

Applicants must complete the application in its entirety. Failure to complete and submit all required documentation will result in automatic disqualification.

High school graduates, or GED recipients, must apply for the Reverend Dr. Robert L. Walls, Sr. Memorial Scholarship by Sunday, April 30, 2023.

- 1. Applicants must be active members of The New Macedonia Baptist Church for at least two years prior to applying for the scholarship.
- 2. Applicants must be a) in good standing with TNMBC in accordance with the church's Constitution and By-laws; b) currently involved in a minimum of two ministries, including at least one of the following: Sunday School, Bible Study, AWANA, Teen Bible Study, Hallelujah Chorus, Vacation Bible School, or Youth and Young Adult Usher Ministry; and c) must have participated in at least one TNMBC sponsored Scholarship Ministry workshop, each year, while enrolled in high school (grades 9-12). Consideration will be given to those who were beyond the 9th grade when the guidelines were revised in 2018. The Scholarship Ministry will maintain records.
 - a. An acceptance letter from an accredited post-secondary institution which he/she plans to attend;
 - b. Official high school transcript;
 - c. Three letters of recommendation, one each from: a) a teacher or guidance counselor; b) member of church leadership (i.e. pastor, minister, deacon, deaconess or trustee); and c) TNMBC Minister of Student Life. Students must request letters of reference from church leadership and the TNMBC Minister of Student Life at least two weeks in advance of the required due date.
 - d. An original cap and gown photograph;
 - e. An essay response to the prompt below. *The essay must be 500 words, typed 12-point font and double spaced. The essay will be scored on content, organization, relevance and grammar.*

3. **Essay:**

For 43 years, Reverend Dr. Robert L. Walls, Sr. served as Pastor of The New Macedonia Baptist Church. During his tenure, Pastor Walls demonstrated a propensity for unity within the church community. **Please prepare** an essay of at least 500 words describing Pastor Walls' influence on church unity and the importance of such unity as we continue to connect, grow, and serve as a multigenerational church.

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APPLICANT INFORMATION Applicant's Full Name: __ Home Address: Street Address Zip Code Telephone Number: (______) ____-Mobile Number: (_____) ____-Date of Birth _____/ Email Address: _____ PARENT/GUARDIAN NFORMATION Parent/Guardian: _____ Home Address: Street Address Zip Code Telephone Number: (_____) ____-___ Mobile Number: (_____) ___-Email address:

Applicant's Name	Page 2
SCHOLASTIC RECORD	
Name of School:	
Cumulative Grade Point Average:(Ple	ase attach official transcript)
Have you graduated from high school? Yes No	
If yes, graduation date?/ If no, graduation date?	<u> </u>
CERTIFICATION:	
graduate this year, with the grade point average cited above.	at this school, will
Signature of Principal/Guidance Counselor	_
POST-SECONDARY INSTITUTION INFORMATION	
What college/university will you attend?letter)	(Please attach acceptance
Major Field of Study:	
Are you receiving any additional scholarships, awards or financial aid? Yes No.	
If yes, please describe in detail:	

Applicant's Name			Page 3
ACADEMIC ACHIEVEMENTS/HONORS/H	OBBIES		
What honors (scholastic) or special achieve	ments have you receive	ed?	
What are your hobbies or special interests?			
EDUCATIONAL/CAREER GOALS			
What are your educational and career goals	?		
CHURCH ACTIVITIES			
CHURCH ACTIVITIES When did you join The New Macedonia Bar	itist Church?/	<u></u>	
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Applicant's Name	Page 4
	application is true and accurate to the best of my knowledge. d to be false or inaccurate, I will automatically be disqualified.
Applicant's Signature	Date
I also certify that the information on this application information is found to be false or inaccurate, m	tion is true and accurate to the best of my knowledge and if any of this ny child will be disqualified from consideration.
Parent/Guardian Signature	Date

Scholarship Ministry Members

DIT Dr. Calvin Hooks, Ministry Leader

Sister Kenyatta Albeny Sister Michelle Brown Sister BreAnna Bullock Sister Tonya Hardin Trustee Carolyn Hayes Sister Gznee' Jones Deaconess Lynel McFadden Sister Connie Parker Deacon Nathan C. White, Jr. Sister Brenda Wooten

Deacon James Carr, Ministry Deacon Deacon Jerome Yorkshire, Ministry Deacon Deacon Eric Dolce, Oversight Team Leader Reverend Patrick J. Walker, Senior Pastor



4115 Alabama Avenue, Southeast Washington, DC 20019 Office: 202-583-5555

REVEREND DR. ROBERT L. WALLS, SR. MEMORIAL SCHOLARSHIP APPLICATION CHECKLIST

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Please en	mail the application to ScholarshipMinistry@TNMBC.org or place the application in the Scholarship Ministry mailbox.			
Please ensure that the following documents are attached to your application.				
Incomplete or late applications will not be accepted.				
	Acceptance Letter			
	Official high school transcript			
	Three letters of recommendation			
☐ F	Photograph			
	Essay			
The Scho	plarship Ministry will confirm your attendance at workshops.			