

***THE NEW MACEDONIA BAPTIST CHURCH***

*4115 Alabama Avenue, Southeast  
Washington, DC 20019*

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

***APPLICATION FOR RECURRING SCHOLARSHIPS  
Submission Deadline **June 27, 2010*****

Please indicate year of studies:

2<sup>nd</sup> year \_\_\_\_\_

3<sup>rd</sup> year \_\_\_\_\_

4<sup>th</sup> year \_\_\_\_\_

Name \_\_\_\_\_

Name of College \_\_\_\_\_

e-Mail Address \_\_\_\_\_

1. Did you attend church service during the college year? \_\_\_\_\_
2. How often did you attend church? \_\_\_\_\_
3. Give the name of the church, chapel or prayer group that you attended. \_\_\_\_\_  
\_\_\_\_\_
4. Were you involved in any community service activities? \_\_\_\_\_. Please provide a written and signed statement from the person in charge of your community service activity to verify and describe your participation.
5. What was your Grade Point Average (GPA) for this year? \_\_\_\_\_ Please include most recent academic transcript.
6. Please attach essay: "How College has impacted my life this year." Essay must be 300 words, typed, double spaced using 12 pt font.

I certify that all the information provided on this application is true and accurate to the best of my knowledge I also understand that if any information is found to be false or inaccurate, I will automatically be disqualified.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

I also certify that the information on this application is true and accurate to the best of my knowledge and if any of this information is found to be false or inaccurate, my child will be disqualified from consideration.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please submit your completed form to the Scholarship Ministry by the deadline stated above for consideration.*