

THE NEW MACEDONIA BAPTIST CHURCH

*4115 Alabama Avenue, Southeast
Washington, DC 20019*

The Reverend Dr. Robert L. Walls, Sr. Memorial Scholarship Application

Submittal Deadline: May 2, 2010

INSTRUCTIONS FOR SUBMISSION

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

Applicant must be a member in good standing of The New Macedonia Baptist Church in accordance with the church's constitution and by-laws for at least **two years** prior to applying for a scholarship.

Applicant must be actively involved in a minimum of two ministries, including at least one of the following: Sunday School, Bible Study, AWANA, Vacation Bible School, Hallelujah Chorus, Youth and Young Adult Usher Ministry.

In addition to the completed and signed application, the applicant must also submit:

1. An acceptance letter from the college/university which he/she plans to attend;
2. Official high school transcript detailing all courses completed (transcript may be obtained from the guidance counselor);
3. Three letters of recommendation:
 - a) Guidance Counselor/Teacher;
 - b) Church Leader (i.e. Senior Pastor, Ministry Leader, Deacon);
 - c) Personal Reference (non-relative);
4. SAT/ACT scores;
5. A recent photograph;
6. Copy of parents' most recent W-2 forms;
7. Two Financial Aid Workshop Certificates (or other official documentation of attendance); and
8. An essay entitled, "Impact and Legacy of Reverend Dr. Robert L. Walls, Sr." The essay must be at least 200 words, typed and double spaced with 12pt font.

Be sure to submit your application and the above documentation by May 2, 2010 to The New Macedonia Baptist Church, Reverend Dr. Robert L. Walls, Sr. Memorial Scholarship Ministry.

Scholarship Ministry

Sister Dorothy V. Artis
Deaconess Regina Bolden-Whitaker
Sister Miriam Chastine
Brother Wallace Gooden
Sister Tonya Hardin
Sister Elizabeth Lamb
Sister Lynel S. McFadden
Trustee Margaret Mitchell
Sister Margretta Tinsley
Deacon Robert L. Walls, Jr.
Sister Brenda Wooten

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Memorial Scholarship Application
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Important!!

*Pin or clip a recent photograph.
Do not staple, paste or tape*

PERSONAL INFORMATION

Applicant's Full Name: _____
Last First Middle

Home Address: _____
Street Address

City State Zip Code

Telephone Number: () _____ - _____ **Mobile Number:** () _____ - _____

Email Address: _____

Date of Birth ____/____/____ **Last 4 digits of Social Security Number:** _____

Father/Guardian: _____
Last First Middle

Home Address: _____
Street Address

City State Zip Code

Telephone Number: () _____ - _____ **Mobile Number:** () _____ - _____

Employer: _____ **Occupation:** _____

Annual Income: _____ (attach W-2 form)

Mother/Guardian: _____
Last First Middle

Home Address: _____
Street Address

City State Zip Code

Telephone Number: () _____ - _____ **Mobile Number:** () _____ - _____

Employer: _____ **Occupation:** _____

Annual Income: _____ (attach W-2 form)

SCHOLASTIC RECORD

Have you graduated from high school? Yes No

If yes, what is your graduation date? ___/___/___

If no, what is your anticipated graduation date? ___/___/___

What is your class ranking? exactly approximately _____ in a class of _____

This ranking is based on _____ semesters.

SAT/ACT Testing : Date Taken ___/___/___ Verbal Score _____ Math _____ Total _____

Cumulative Grade Point Average (GPA) _____

COLLEGE/UNIVERSITY INFORMATION

What college/university will you attend? _____

Are you receiving any additional scholarships, awards or financial aid? Yes No

If yes, please describe in detail _____

CHURCH ACTIVITIES

When did you join The New Macedonia Baptist Church? ___/___/___

Which of the following ministries are you currently involved in and for many years?

- Sunday School _____ # of years
- Bible Study _____ # of years
- AWANA _____ # of years
- Hallelujah Chorus _____ # of years
- Vacation Bible School _____ # of years
- Youth and Young Adult Usher _____ # of years

What other TNMBC ministry are you involved in?

1. _____ # of years
2. _____ # of years
3. _____ # of years
4. _____ # of years

ACTIVITIES/HONORS

What community or school activities are you involved in? _____

What honors (scholastic, citizenship) or special achievements have you received? _____

What offices or positions have you held? _____

What are your hobbies or special interests? _____

What is your employment history?

- | | |
|----------|---------------------------------------|
| 1. _____ | Date ____/____/____ to ____/____/____ |
| 2. _____ | Date ____/____/____ to ____/____/____ |
| 3. _____ | Date ____/____/____ to ____/____/____ |
| 4. _____ | Date ____/____/____ to ____/____/____ |

Please provide a personal statement expressing your hopes, ambitions and educational goals.

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 _____

***The Reverend Dr. Robert L. Walls, Sr.
Memorial Scholarship Application***

Please ensure that the following documents are attached to your application. Incomplete applications will not be accepted.

- Acceptance Letter
- Official high school transcript
- Three Letters of Recommendation (Guidance Counselor/Teacher, Church Leader, and Personal Reference)
- SAT/ACT Scores
- Recent Photograph
- Parents' W-2 Forms
- Two Financial Aid Workshop Certificates
- Essay