



Rebuilding A Generation

Ralph D. West, Pastor/Founder

# 2022

## JOHNELLE WEST SCHOLARSHIP

### Overview

The Church Without Walls (TCWW) provides the Johnelle West Scholarship as a resource to high school graduates who are members of our congregation to aid in continuing their education. The TCWW Scholarship Team will review each application that meets the following requirements:

- Applicant must be an active member of The Church Without Walls for at least one year.
- Applicant must demonstrate a Christian lifestyle.
- Applicant must complete an interview with the TCWW Scholarship Team.

### Application Process

To apply for the 2022 Johnelle West Scholarship, high school graduates must meet the following criteria and submit the following to the TCWW Scholarship Team. The omission or deviation of any of the listed criteria and/or documentation will result in an incomplete application and will not be considered for the scholarship.

A complete application packet consists of the following components...

- Completed 2022 Johnelle West Scholarship Application
- Letter of acceptance from the accredited college or university you will enroll
- Two completed recommendation forms with recommendation letters:
  1. From a TCWW church member
  2. From a non-TCWW church member (i.e. teacher, coach, employer, etc.)
- Essay of 500-600 words (typed; font size 12; double spaced)  
Essay Topic: When it comes to sharing your faith with a non-Christian, how would you approach the spiritual conversation in your own unique way?
- Official high school transcript, with a 3.2 GPA or higher, must be emailed from your graduating high school to [collegeministry@churchwithoutwalls.org](mailto:collegeministry@churchwithoutwalls.org). Transcript must bear the official school seal.

### Application Submission

- Completed application packets must be emailed to [collegeministry@churchwithoutwalls.org](mailto:collegeministry@churchwithoutwalls.org) in one (1) submission only from the applicant. Multiple document submissions will disqualify the application.
- Official school transcripts must be submitted by and will only be accepted from the school or its credentialing agency. The school or its credentialing agency must email the official transcript to [collegeministry@churchwithoutwalls.org](mailto:collegeministry@churchwithoutwalls.org) or provide password access for the College Ministry to retrieve the official transcript.
- Any documents delivered to the church and/or mailed via any postal agency will disqualify the application.

### Application Deadline

- Completed application packets must be received via email on or before Sunday, June 26, 2022.
- All transcripts must be received via email from school or its credentialing agency on or before Friday, June 24, 2022.



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# 2022 JOHNELLE WEST SCHOLARSHIP APPLICATION

## SECTION A: PERSONAL INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION B: CHURCH INVOLVEMENT

Years of TCWW Membership: \_\_\_\_\_ Your TCWW Membership #: \_\_\_\_\_

List all TCWW ministries you currently serve... *(add an additional page if needed)*

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

Leader: \_\_\_\_\_ Leader's Phone: \_\_\_\_\_

Leader Email: \_\_\_\_\_ Date(s) Served: \_\_\_\_\_

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

Leader: \_\_\_\_\_ Leader's Phone: \_\_\_\_\_

Leader Email: \_\_\_\_\_ Date(s) Served: \_\_\_\_\_



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

Leader: \_\_\_\_\_ Leader's Phone: \_\_\_\_\_

Leader Email: \_\_\_\_\_ Date(s) Served: \_\_\_\_\_

### SECTION C: ACADEMIC INFORMATION

Name of Graduating High School: \_\_\_\_\_

Address of Graduating High School: \_\_\_\_\_

\_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Date of GED Completion: \_\_\_\_\_

Name of Anticipated College/University: \_\_\_\_\_

Address of Above College/University: \_\_\_\_\_

\_\_\_\_\_

Anticipated Course of Study (Major): \_\_\_\_\_

Estimated Semester Tuition at Anticipated College/University: \$ \_\_\_\_\_



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### SECTION D: HONORS AND AWARDS RECEIVED

*(add additional page if needed)*

Honors/Award: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_

Honors/Award: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_

Honors/Award: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_

Honors/Award: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_

Honors/Award: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_

Honors/Award: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_

### SECTION E: VOLUNTEER AND COMMUNITY SERVICE

*(add additional page if needed)*

Organization: \_\_\_\_\_

Task: \_\_\_\_\_ Date(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Task: \_\_\_\_\_ Date(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Task: \_\_\_\_\_ Date(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_



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### SECTION F: RECOMMENDATION LETTER REQUEST (TCWW CHURCH MEMBER)

**Applicant Section:** *(to be completed by Applicant)*

Name of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Recommendation Section:** *(to be completed by Recommender)*

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

Business or Organization: \_\_\_\_\_

Years of TCWW Membership: \_\_\_\_\_ TCWW Membership #: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

Please provide a recommendation letter to include the following regarding the Applicant.

- (1) How long have you known the Applicant and in what capacity?
- (2) What are the Applicant's gifts/talents/competencies as you have encountered them?
- (3) What are the Applicant's strengths and weaknesses?
- (4) What allows you to think that the Applicant will be able to have success in their academic pursuits?

**IMPORTANT:** Please return your recommendation letter and this completed form to the Applicant. Both forms must be included and submitted in the Applicant's packet. If you send your recommendation letter to the College Ministry, it will disqualify your applicant.



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### SECTION G: RECOMMENDATION LETTER REQUEST (NON-TCWW CHURCH MEMBER)

**Applicant Section:** *(to be completed by Applicant)*

Name of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Recommendation Section:** *(to be completed by Recommender)*

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

Business or Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

Please provide a recommendation letter to include the following regarding the Applicant.

- (1) How long have you known the Applicant and in what capacity?
- (2) What are the Applicant's gifts/talents/competencies as you have encountered them?
- (3) What are the Applicant's strengths and weaknesses?
- (4) What allows you to think that the Applicant will be able to have success in their academic pursuits?

**IMPORTANT:** Please return your recommendation letter and this completed form to the Applicant. Both forms must be included and submitted in the Applicant's packet. If you send your recommendation letter to the College Ministry, it will disqualify your applicant.



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### SECTION H. APPLICATION CERTIFICATION

I certify that the information on this 2022 Johnelle West Scholarship Application is accurate and true. I understand that submission does not automatically result in a scholarship award. I understand that omission of any requested information or documentation will result in disqualification of my application. I understand that all documents must be submitted and received according to stated delivery instructions and any deviation from those instructions will result in disqualification of my application.

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name (Printed): \_\_\_\_\_

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