



**NAACP UNIT 6219  
SCHOLARSHIP APPLICATION**

**IDENTIFYING INFORMATION:**

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

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

Telephone Number: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**HIGH SCHOOL INFORMATION:**

School: \_\_\_\_\_ Graduation date \_\_\_\_\_

School honors and achievements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

School activities and organizational memberships: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have taken the ACT or SAT, please enter the month, year and highest score for

each: ACT \_\_\_\_\_ SAT \_\_\_\_\_

**ENROLLMENT INTENT:**

College/University you plan to enroll \_\_\_\_\_

Academic major intended \_\_\_\_\_

Career goal(s) \_\_\_\_\_

\_\_\_\_\_

**WORK OR VOLUNTEER EXPERIENCE:**

Date from/to

Organization

Duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION:**

Father/Guardian: \_\_\_\_\_ Occupation \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Occupation \_\_\_\_\_

Immediate family size \_\_\_\_\_ Family members attending college \_\_\_\_\_

Will you be providing part of the financing of your education? \_\_\_\_\_

If so, how much (percent) \_\_\_\_\_ By what means? \_\_\_\_\_

Other scholarships applied for or received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

List three references, other than family, known to you for at least 3 years, and **provide a reference letter from at least two:**

Name

Address/Phone

Occupation

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**OTHER INFORMATION:**

Have you been subjected to school disciplinary action or convicted of a law violation?

\_\_\_\_\_  
If "YES", please attach an explanation.

**ATTACH A 300 TO 500 WORD TYPED ESSAY ENTITLED "IF YOU COULD CHANGE YOUR COMMUNITY IN A POSITIVE WAY, WHAT SPECIFIC CHANGES WOULD YOU MAKE?" PLEASE DOUBLE SPACE USING A SIZE 12 FONT.**

**SUBMISSION INSTRUCTIONS:**

Deadline: **APPLICATIONS MUST BE MAILED AND POSTMARKED NO LATER THAN APRIL 02, 2018. INCLUDE YOUR LATEST HIGH SCHOOL TRANSCRIPT.**

**The NAACP will not be responsible for lost or misplaced applications.**

Please attach all required or additional information you wish. Scholarships awarded will be sent to the academic institution where enrollment is confirmed. If you need assistance with this application, please do not hesitate to contact any NAACP member (653-5894).

**APPLICATION ADDRESS:**

**NAACP UNIT 6219  
PO BOX 5796  
SAN ANGELO TX 76902-5796**

Applicant

Signature: \_\_\_\_\_ Date \_\_\_\_\_