



**San Angelo NAACP Unit 6219**  
**National Association for the Advancement of Colored People**  
**2019 Scholarship Application**  
**P O BOX 5796 San Angelo, TX 76902**  
**www.sanangelonaacp.org**

**APPLICANT 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: \_\_\_\_\_

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

Community Service Experience/Work: \_\_\_\_\_

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

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

ACT \_\_\_\_\_ SAT \_\_\_\_\_  
Date Score Date Score

**ENROLLMENT INTENT:**

College/University where you plan to enroll:

\_\_\_\_\_

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

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

\_\_\_\_\_

**WORK OR VOLUNTEER EXPERIENCE:**

Date from/to Organization Duties

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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? \_\_\_\_\_

Yearly Family Income:

Up to \$16,000

\$16,001-\$30,170

\$30,170-\$43,430

\$43,431-\$61,110

More than \$61,111

Other scholarships applied for or received:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER INFORMATION:**

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

YES       NO

If "YES", please **attach** an explanation.

Applicant Name (Please print): \_\_\_\_\_

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

## Scholarship Packet Instructions

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 22, 2019. INCLUDE YOUR LATEST HIGH SCHOOL TRANSCRIPT. You can obtain a copy from your Counselor.

**The NAACP Unit 6219 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 us via email at: [info-admin@sanangelonaacp.org](mailto:info-admin@sanangelonaacp.org)

**CHECKLIST:** Please ensure that the following items are included in your application packet.

- Application
- Official transcript
- Personal Reference Letters
- Typed Essay

### Recommended things to check for in your packet and essay:

- Essay- Check for spelling, punctuation, grammar, word maximum
- Sealed Official Transcript from your counselor
- Sealed Personal Reference Letters
- Legible Application

**Mail your application and requested documents from the Checklist to:**

**NAACP UNIT 6219**

**PO BOX 5796**

**SAN ANGELO TX 76902-5796**

**POSTMARK DEADLINE IS APRIL 22, 2019**

**This page is for your reference.**

**Thank you for your interest in the NAACP Unit 6219 Scholarship.**

**We will decide on all applications received by May 4, 2019.**

**You will be notified if you are granted a scholarship by May 4, 2019.**