



**San Angelo NAACP Unit 6219**  
**National Association for the Advancement of Colored People**  
**2025 Scholarship Application**  
**P O BOX 5796 San Angelo, TX 76902**  
**www.sanangelonaacp.org**

**NON-TRADITIONAL STUDENT SCHOLARSHIP APPLICATION**

**APPLICANT INFORMATION:**

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

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

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

**PLEASE EXPLAIN WHY YOU ARE A NON-TRADITIONAL STUDENT:**

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**If awarded a Scholarship, how will you utilize the funds to improve your life?**

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Please list any college hours completed: \_\_\_\_\_ Name of College/University/Program:

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**ENROLLMENT INTENT:**

College/University/Program where you plan to enroll:

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Academic Major/Certification intended: \_\_\_\_\_

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

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**EMPLOYMENT, VOLUNTEER, AND COMMUNITY SERVICE EXPERIENCE:**

	Date from/to	Organization	Duties
1)	_____	_____	_____
	_____	_____	_____
2)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**FAMILY INFORMATION:**

Immediate family size: \_\_\_\_\_

Family members who have attended college in the past, but no longer attending: \_\_\_\_\_

Family members currently attending college: \_\_\_\_\_

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

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

Yearly Family Income:  Up to \$16,000       \$16,001-\$35,000       \$35,001-\$60,000

More than \$60,000

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:**

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

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

**Scholarship Packet Instructions and Reference Page**  
**THIS PAGE SHOULD NOT BE RETURNED.**

ATTACH A 300 TO 500 WORD TYPED ESSAY ENTITLED “What teacher or staff member had the biggest impact on you? How do you think the person’s influence will help you in your life and in your career?” PLEASE DOUBLE SPACE USING A SIZE 12 FONT. PLEASE STAY ON TOPIC.

**SUBMISSION INSTRUCTIONS:**

Deadline: **APPLICATIONS MUST BE MAILED AND POSTMARKED NO LATER THAN April 15.**  
**INCLUDE YOUR LATEST HIGH SCHOOL TRANSCRIPT.** *You can obtain a copy from your Counselor. No packets should be hand delivered to any member of the NAACP. No exceptions. All packets must be mailed and postmarked by April 15, 2025.*

**The NAACP Unit 6219 will not be responsible for lost or misplaced applications.**

Please attach all required or additional information you wish. Distribution of proceeds to winners will be mailed directly to the student so that they can use the funds for their immediate needs. If you need assistance with this application, please do not hesitate to contact the NAACP at: 325-703-5200, or email us 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 References 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/Program leader
- 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 15, 2025**

**This page is for your reference.**

**Thank you for your interest in the NAACP Unit 6219 Scholarship.**  
**You will be notified if you are granted a scholarship no later than May 15, 2025**