

National Association for the Advancement of Colored People East County Branch #1055 P.O. Box 1026 Pittsburg, CA 94565

NAACP SCHOLARSHIP APPLICATION REQUIREMENTS

Each applicant must be a graduating senior and reside in East Contra Costa County, maintain a GPA of 3.0 or higher. Recipient(s) must show proof of registration to an institution of higher learning or trade school prior to receipt of scholarship prior to disbursement of funds. Recipient(s) is/are encouraged to become a member of the NAACP Youth & College Division and to actively participate with the chapter locally or in the area of college/trade school they will attend.

In order to be considered for the NAACP scholarship each applicant must submit the following:

- ❖ A completed application and extracurricular activities form (attached). Please type or print legibly.
- ❖ One (1) reference from a member in good standing of the National Association for the Advancement of Colored People, or another civic or community organization leader, or a minister. **Note:** <u>Family members are excluded from providing reference letters.</u>
- ❖ One (1) reference from a school counselor, a teacher, a principal or an administrative staff member. **Note:** <u>Family members are excluded from providing reference letters.</u>
- ❖ An **Official Copy** of your high school transcript (submitted in a sealed envelope)
- ❖ A minimum of **500** words **typed** personal statement describing who you are and evidence of your achievements not reflected in other parts of your attached application. The personal statement must also explain how and why the events described, have shaped your attitude, focus, and most of all, your intellectual vitality towards the power of unity in your local community.
- ❖ A 3x5 black/white or color professional quality photograph.

Application packets must be received no later than March 27, 2020

MAIL COMPLETED APPLICATION PACKETS TO:

EAST COUNTY NAACP BRANCH #1055 C/O SCHOLARSHIP COMMITTEE P.O. BOX 1026 PITTSBURG, CA 94565

For additional information or questions, please contact the branch office at (925) 439-5099 or email: info@eastcountynaacp.com or visit our website at www.eastcountynaacp.com.



NAACP SCHOLARSHIP APPLICATION

| **Print Legibly or Type** | | | | |
|-----------------------------------|--|--------------|-----|--|
| NAME (First, Middle, Last): | | BIRTHDATE: | | |
| ADDRESS: | | | | |
| Street | City | State | Zip | |
| PHONE NUMBER: | CELL NUMBER: | | | |
| NAME OF HIGH SCHOOL: | | | | |
| SCHOOL ADDRESS: | | | | |
| Street | City | State | Zip | |
| COUNSELOR: | | | | |
| COLLEGE/TRADE SCHOOL 1 |) ——— | | | |
| (choice in order of preference) 2 | (i) ———————————————————————————————————— | | | |
| APPLICANT SIGNATURE: | | | | |
| PARENT/GUARDIAN(s): | | | | |
| ADDRESS: | | | | |
| Street | City | State | Zip | |
| PHONE NUMBER: | CELI | CELL NUMBER: | | |
| PARENT/GUARDIAN SIGNATUR | RE: | | | |
| FC | OR COMMITTI | EE USE ONLY | | |

Date Received: _____ Reviewed By: _____



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NAACP SCHOLARSHIP APPLICATION — Extracurricular Activities

| TUDENT'S NAME: | |
|-------------------------------------|--|
| | d in. Please provide a brief description of each. roups, city recreation programs, health/hospital ubs, etc. |
| Student Government/Political groups | |
| | |
| Athletics | |
| Employment/Volunteer work | |
| | |
| Organizations/Internships | |
| | |
| Other | |
| | |
| FOR COMMITTEE USE ONLY | |
| Date Received: | Reviewed By: |