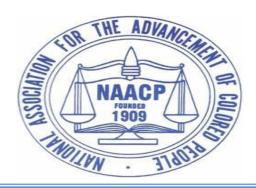
# SEMINOLE COUNTY BRANCH NAACP

**National Association for the Advancement of Colored People** 

# SCHOLARSHIP APPLICATION 2017



# Marvin Carroll President

Marian Williams

1<sup>st</sup>Vice President

Gloria Cummings 2<sup>nd</sup> Vice President

John Wright 3<sup>rd</sup> Vice President

Scholarship Chairman Alvin Peterson

### **MailCompleted Application to:**

Seminole County Branch NAACP Post Office Box 4113 Sanford, Florida 32772



## SEMINOLE COUNTY BRANCHNAACP

### **National Association for the Advancement of Colored People**

### **Description and Requirements**

- 1. Awards ranging from five hundred to one thousand dollars (\$500 \$1,000) will be awarded to graduating high school seniors selected by the scholarship committee. Applicants must beattending high schoolsin Seminole county.
- 2. The announcement of Scholarship winners will be made at the annual NAACP Award Banquet.
- 3. Each applicant must provide the following documents with completed application.:
- (a)Complete the scholarship application
  - (b)Copy of official high school transcript
  - (c) Two letters of recommendation from representatives of school, church, or Community.
- (d) Documentation of active involvement in community service and/or extracurricular activities, such as social clubs, civic groups, sports, or vocational activities not necessarily directly related to school functions

(e)Write a 500-wordessay on:"What would you propose to substantially reduce the incidence of gun violence in the United States and around the World without taking away the legal rights of law abiding citizens to acquire and possess firearms?"

Essay must be typed double space.

(f)Include passport type picture with application.

# APPLICATIONS MUST BE RECEIVED BYMAY 17, 2017 \*\*\*SPECIAL NOTICE\*\*\*

- 1. The applicant must provide Seminole County NAACP Branch with a copy of the paid receipt of enrollment on or before September 17th, 2017upon receipt of this documentation, The NAACP Branch will promptly send the recipient a check in the amount equal to the total scholarship award.
- 2. Scholarship recipients will be selected at the sole discretion of the Seminole County Branch NAACP,scholarship evaluation criteria.
- 3. Applicants must have a 2.5 GPA or higher to apply.

# NAACP SCHOLARSHIP APPLICATION

# SEMINOLECOUNTY BRANCH SANFORD, FLORIDA

# **SCHOLARSHIP APPLICATION**

STUDENT'S NAME:		DATE//
ADDRESS:	CITY:	<b>ZIP:</b>
PHONE:		
MOTHER's NAME:	OCCUPATION:	
EMPLOYED BY:		
ADDRESS if different from applicant:		
FATHER's NAME:	OCCUPATION:	
EMPLOYED BY:		
ADDRESS if different from applicant:		
HOUSEHOLD INCOME		
NUMBER OF MINOR CHILDREN LI	VING AT HOME:AG	GES:
NUMBER OF CHILDREN ATTENDIN	NG COLLEGE:AGES:	
NAME OF HIGH SCHOOL:		
NAME OF YOUR GUIDANCE COUN	SELOR:	
GPA: SENIOR YEARCUI	MMULATIVE GPA	-
SPECIAL LEADERSHIP ACTIVITIES	S:	
SPECIAL ACADEMIC ACHIEVEME	NTS/INTERESTS:	

# NAACP SCHOLARSHIP APPLICATION

# **SEMINOLE COUNTY LOCAL BRANCH**

# **SCHOLARSHIP APPLICATION**

INDICATE ANY SPECIAL CIRCUMSTANCES TO BE CONSIDERED IN EVALUATING YOUR
APPLICATION:
LONG RANGE CAREER GOALS (PLEASE BE SPECIFIC):
TOTAL NUMBER OF COMMUNITY SERVICE HOURS PERFORMEDNAME OF ORGANIZATION (S) AND TYPE OF COMMUNITY SERVICE (S) RENDERED WITH DOCUMENTATION:
I authorize the Seminole County NAACP branch toverify the financial and academic information provided in this application for the purpose of determining scholarship eligibility.
I agree that, in accepting the NAACP Seminole County Branch scholarship, I will abide by the restrictions set forth. I agree to allow information pertaining to grades and enrollment be released to the Seminole County NAACP, P.O. Box 4113, Sanford, Fl.32272.
Date/Deadline for Application: 5/16/2017
Applicant's Signature