

NAACP / Harold White Sr. Scholarship Application

(PLEASE COMPLETE ALL QUESTIONS)

Name: _____
Last First Middle Initial

Address: _____
Street
City State Zip Code

Telephone Number: _____ Alternate Number: _____

City (or) Township of Residence: _____

Date of birth: _____ Social Security Number: _____

Indicate the credit hours you anticipate for the academic period you seek assistance:

_____ FALL _____ WINTER

Have you applied or are you receiving any other types of financial aid? ___ Yes ___ No

IF YES:

PLEASE DESCRIBE _____

When did you (or will you) receive your high school diploma or GED? _____
Month / Year

Name of high school from which you did (or will) graduate: _____

College or University previously attended: _____

Have you graduated from a college or University? ___ Yes ___ No

IF YES, please indicate type of degree: _____ Graduation Date: _____

Anticipated major area of study: _____

What certificate or degree program are you pursuing? _____

Please indicate your educational objective:

_____ One Year Certificate _____ Bachelors Degree _____ Two Year Degree
_____ NONE OF THE ABOVE

If you are a health services student, have you been admitted to the program? ___ Yes ___ No

If yes, what is your expected date of graduation? _____

ANY ACADEMIC HONORS OR AWARDS YOU HAVE RECEIVED:

SCHOOL

YEAR

AWARD

LIST YOUR VOLUNTEER ACTIVITIES:

ACTIVITY

YEAR

We must know your eligibility for Federal Student Aid before we can consider you for funds that use financial need as a criterion. When did you send your Free Application for Federal Student Aid (FAFSA) to the processing center? _____

Month

Year

If results from your aid application are not available at the time of the Scholarship Allocation Committee meeting you will not be considered for assistance using financial need as a criterion.

STUDENT RESPONSIBILITIES:

- ❖ Attach a copy of your high school transcript or college transcript whichever is the most recent.
- ❖ Attach a TYPED essay briefly addressing the question, “Why I deserve consideration as a candidate for a scholarship or lean assistance.” You should include information about your financial resources, your academic aspirations, and details about your family if you consider this relevant to the issue.
- ❖ If you or immediate family members are a veteran attach a copy of the member’s DD214.

Please submit your application to the:

**Jackson County Branch NAACP
ATTN: Scholarship Director
1015 Francis St.
P.O. Box 4074
Jackson, Michigan 49204**

DEADLINE DATE:

October 3, 2009

I certify that the answers provided are complete and accurate to the best of my knowledge. If selected for any scholarship, I authorize the release of my name, address, high school attended and college program to the media to publicize the award received.

I agree to contact any individual or organization member to acknowledge receipt of assistance if requested.

I understand that some scholarships may require that specific courses to be taken according to department requirements.

I understand that the contents of this application and any relevant financial aid documents may be shared with the college I plan to attend.

Applicant’s Signature

Date

Harold White Sr.
Scholarship