

# 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: \_\_\_\_\_ Student ID # \_\_\_\_\_

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

\_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer

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

If yes,

Please Describe: \_\_\_\_\_

When did you (or will ) graduate: \_\_\_\_\_

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:

\_\_\_ Program \_\_\_ Bachelors Degree \_\_\_ Associates Degree \_\_\_ Other

If you are a high school senior, have you been admitted to a College /University?

\_\_\_ Yes \_\_\_ No

What is your expected date of graduation? \_\_\_\_\_

**ANY ACADEMIC HONORS OR AWARDS YOU HAVE RECEIVED:**

**SCHOOL**

**YEAR**

**AWARD**

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**LIST YOUR VOLUNTEER ACTIVITIES:**

**ACTIVITY**

**YEAR**

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**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 you Free Application for Federal Student Aid (FAFSA) to the processing center? \_\_\_\_\_**  
Month                      Year

**If results from you 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.**

Harold White Sr.  
Scholarship

**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 loan 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  
801 S. Mechanic Street  
P.O. Box 4074  
Jackson, Michigan 49204**

**DEADLINE DATE:**

**March 31<sup>st</sup> and September 30<sup>th</sup>**

**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, photo, 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

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