NAACP / Harold White Sr. Scholarship Application

(Please Complete All Questions)					
Name:					
Last	First	Mid	ddle Initial		
Address:					
Street					
	 ,		75- O- d-		
City			Zip Code		
Telephone Numbe	r: Alte	rnate Number:			
City or Township	of Residence:				
Date of Birth:	Stud	Student ID #			
Indicate the credit	hours you anticipate for th	ne academic period you se	ek Assistance:		
Fall	Winter	Spring	Summer		
Have you applied or are you receiving any other types of financial aid?YesNo 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?YesNo					
If yes please indicate type of degree: Graduation Date:					
Anticipated major	area of study:				
What certificate or degree program are you pursuing?					
	ur educational objective:Bachelors Degree	Associates Degree	Other		
If you are a high school senior, have you been admitted to a College /University?					
YesNo)				
What is your expe	cted date of graduation?				

ANY ACADEMIC HONORS OR AWARDS YOU HAVE RECEIVED:

SCHOOL	<u>YEAR</u>	<u>AWARD</u>
LIST YOUR VOLUNTE	ER ACTIVITIES:	
ACTIVITY		<u>YEAR</u>
	criterion. When did you send yo	efore we can consider you for funds that u Free Application for Federal Student Aid
. , .		'ear
	lication are not available at the time nsidered for assistance using finar	e of the Scholarship Allocation Committee icial 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:

Scholarship

March 31st through September 15th

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	
Harold White Sr.		