

NORWALK BRANCH NAACP SCHOLARSHIP APPLICATION 2020

Important:

**Please Return Completed Application, with a photo,
to your Guidance Counselor.**

PURPOSE OF THE SCHOLARSHIP:

The Norwalk Branch of the NAACP will award two (2) \$1,000.00 scholarships to graduating seniors.

- ✓ NAACP awards are given for tuition and expenses for one (1) school year.
- ✓ The NAACP will pay the scholarship upon written confirmation of registration from a college or university, which must be obtained by the scholarship recipient.

APPLICANTS MUST:

1. Complete attached application
2. Show a letter of acceptance to a postsecondary institution
3. Have at least a 2.5 GPA
4. Provide a high school transcript
5. Provide one letter of recommendation from someone who knows his/her academic or community work
6. Complete the essay

APPLICATION DUE DATE:

April 17, 2020

**NORWALK NAACP
SCHOLARSHIP APPLICATION 2020**

P. O. BOX 1647, BELDEN STATION
NORWALK, CT 06852-1647

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PLEASE TYPE

STUDENT INFORMATION

NAME _____ **DOB** _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE MOBILE _____ **HOME** _____

EMAIL ADDRESS _____

ACADEMIC HISTORY

List most recently attended high school					
Date of High School Graduation					
School Address					
City		State		Zip	
Seniors: Have you taken the SAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are your scores?		M	V

LIST ALL EXTRACURRICULAR ACTIVITIES

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REQUIRED STATEMENT OF INTENT

On a separate sheet please tell us about your future educational and career goals. This statement should be no more than 250 typewritten words. The statement should briefly state:

1. The institution you will be attending in the upcoming year
2. The degree program you are pursuing
3. Respond to this essay prompt: The United States is faced with numerous economic and social challenges. Describe two of these challenges and explain how you will address each during your college studies and future career.

LIST COLLEGES/POSTSECONDARY INSTITUTIONS TO WHICH YOU ARE APPLYING

School Name		Term	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	Have you been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Address					
City		State		Zip	

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School Address					
City		State		Zip	

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City		State		Zip	

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STATEMENT OF ACCEPTANCE

We (I) fully understand that if for any reason the applicant is unable to attend the institution(s) for the semester in which the scholarship is given, We (I) shall return, forfeit, the scholarship awarded to the NAACP. We (I) certify that all information contained in this application is complete and accurate to the best of my knowledge. We (I) authorize the NAACP to obtain any information required from the Office of the Registrar of the school the applicant is attending or have attended.

Applicant's Signature		Date	
Parent/Guardian's Signature (if applicable)		Date	

ALL INFORMATION IS CONFIDENTIAL AND WILL ONLY BE SHARED WITH
APPROPRIATE OFFICIALS OF THE NAACP