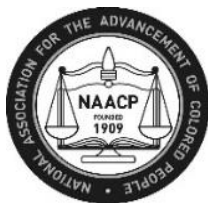


*NAACP LaPorte County Branch 3061*  
*Scholarship Application -Year 2020*



Through generous donations, the LaPorte County NAACP is able to provide its second scholarship to two outstanding students. It is the duty of the LaPorte County Scholarship Committee to identify the most qualified candidates to receive these awards. The LaPorte County NAACP does not provide financial aid to individuals, only scholarships through this process.

***ATTACHMENTS***

To apply for the scholarship, complete the scholarship application, and submit with it:

1. A copy of your current NAACP membership card or application
2. Your high school official transcript
3. Two letters of recommendations from your high school teachers
4. A one-page essay addressing: *How your educational goals will help economically sustain you and your community?*
5. Evidence of acceptance in college or trade school

***ELIGIBILITY CRITERIA***

*High School students only*

1. Must be a current member of the NAACP.
2. Must be a US citizen and a Michigan City, Indiana resident.
3. Must be currently enrolled, accepted, or applying to an accredited college or university in the United States. Evidence of enrollment must be provided before award will be issued.
4. Must currently be a full-time high school student.
5. Must possess a grade point average of 3.0 (B-) on a 4.0 system.
6. Financial need is considered but is not a deciding factor for award.

**2020 YEAR – SCHOLARSHIP AMOUNT**

Two (2) Scholarship Available – Maximum Scholarship amount is \$1,000.00.

**DATES**

Monday, December 2, 2020 – Application cycle opens

Monday, February 3, 2020 – Application must be postmarked by this date.

Monday, March 9, 2020 – Winner(s) announced

Saturday, March 21, 2020 – Winner(s) recognized at Trailblazer Scholarship Event

**HOW TO APPLY**

Complete the following application and mail it to the identified address. Application **MUST BE POSTMARKED BY FEBRUARY 3, 2020**. Applications postmarked after February 3, 2020.

Will not be accepted.

**GENERAL INSTRUCTIONS**

Make a copy of the blank application and complete a draft copy first for your records. Prepare the application, take to your principal or guidance counselor so they can complete their part. Submit to the LaPorte County NAACP by the due date. Submit the completed and comprehensive application to:

**NAACP LaPorte County Branch 3061  
P.O. Box 755  
Michigan City, Indiana 46361**

This application is the first impression you will make upon those who award the scholarship. The NAACP of LaPorte County 3061 scholarship committee is anxious to review YOUR submission!

**PERSONAL INFORMATION**

Full name of applicant:		
Best telephone number:		Email address:
Home Address:		City:
State:	Zip:	Years living in Michigan City:
United States Citizen (check) yes      no.      Date of Birth		

**FAMILY INFORMATION**

Mother's name:		Father's name:	
Occupation:		Occupation:	
Street Address:		Street Address:	
City, ST, Zip:		City, ST, Zip:	
Best phone number		Best phone number	

**EDUCATION**

Name all technical schools you have attended. What high school are you attending?		
How many years do you plan to attend college, and what course of study would you like to pursue?		
What business or career will you pursue after finishing college?		
What college do you most want to attend? Why?		
What colleges have you applied to for admission, and which ones have you been accepted to?		
List scholarships, grants or loans for which you have applied, and check the ones you plan to use. Indicate funding amount you will receive.		
Name	Amount	Plan to use
1.		
2.		
3.		

Identify any academic, athletic, community service, service and extracurricular activities you have participated in.
List academic awards, achievements and dates.

### **EMPLOYMENT HISTORY**

List jobs you have held in the past three years.					
Employer	Dates	Hours per week	Position	Pay	
1.					
2.					
3.					

### **FINANCIAL HISTORY**

What is your FAFSA (Free Application for Federal Student Aid) EFC (expected family contribution): <i>Please submit a copy of the report.</i>
Describe any special conditions/circumstances, disabilities, etc. that may affect your ability to pay for your college/trade school tuition. Use additional pages if necessary.

### **TRANSCRIPT HISTORY**

This section is to be completed by your principal, or guidance counselor. Attach a certified/official transcript of the student's high school record to this application.					
Ranking in senior class:		of			
GPA:		on a		scale.	
Best combined SAT Score: Date:		Verbal:		Math: Writing:	
Best ACT Score: Date:		Score			
Signature of principal or guidance counselor					

*I state the above information is accurate to the best of my knowledge*

Signature of Applicant
Date

This scholarship application along with accompanying documents must be postmarked by the due date.

NAACP LaPorte County Branch 3061  
P.O. Box 755  
Michigan City, Indiana 46361

For questions call – Scholarship Committee Chairperson – Donnita Scully, MSN Ed, BSN, RN at (219) 877-5081 or any officer.

**OFFICERS:**

Wesley Scully - President (219) 878-2034

Brient Thomas – Vice President – (219) 229-4876

Faye Moore – Secretary (219) 561-6906

Treasurer – Floretha Kelly (219) 872-8779

**[www.naacplaportecounty3061.com](http://www.naacplaportecounty3061.com)**

***Membership Application Following***

**National Association for the Advancement of Colored People  
LaPorte County NAACP - Branch #3061**

Youth Membership Application

<b><u>YES</u></b> , I WANT TO JOIN or RENEW THE LAPORTE COUNTY NAACP Membership! ENCLOSED ARE MY (circle one) <b><u>MEMBERSHIP</u></b> OR <b><u>RENEWAL MEMBERSHIP</u></b> DUES OF:	
<b>Check</b>	
<b>\$15.00</b> - Youth with Crisis Magazine (Ages 20 and under)	
<b>\$10.00</b> – Youth without Crisis Magazine (Ages 17 and under)	
<b>MAKE YOUR CHECKS PAYABLE TO: NAACP LaPorte County Branch 3061</b> (PLEASE TYPE OR PRINT CLEARLY)	
Date:	
NAME	ADDRESS
CITY	BEST PHONE NO.
EMAIL ADDRESS	MEMBERSHIP NO, IF RENEWAL

**FOLD AND CUT-----Retain Bottom for Your Records-----HERE-----**



**NAACP LaPorte County Branch 3061 - Membership Application Receipt**

Date:	Amount Paid:
Name:	