



**NAACP MINORITY STUDENT
SCHOLARSHIP APPLICATION**

Applications must be mailed in with all required materials by

April 10, 2024 to:

Hot Springs Unit of the NAACP # 6013

P. O. BOX 1105

HOT SPRINGS, AR 71902

Or submitted electronically to admin@naacphs6013.org



NAACP MINORITY STUDENT SCHOLARSHIP APPLICATION

The Hot Springs Unit of the NAACP #6013 is proud to offer the NAACP Minority Student Scholarship. Application materials must be received by April 10, 2024.

Scholarship recipients will receive scholarship funds as determined by the NAACP Branch #6013 and an annual membership (if not already a member).

Funds will be disbursed during the fall semester upon receiving acknowledgement from an accredited college, university, technical school or other higher education institution that the student is enrolled and is in good standing, usually after the eleventh day of class attendance.

Student Qualifications:

- Be a member of a minority race
- Be a Garland County resident
- Possess financial need
- Have a minimum cumulative grade point average of 2.5 on a 4.0 scale

To Strengthen Application:

- Priority given to student (or student's parent/guardian) who holds NAACP #6013 membership for a period of 6 months or more, or who submits an application for membership. The membership form accompanies this application, and the student's membership dues will be paid by a sponsoring member.
- Attend at least one NAACP #6013 meeting during the calendar year of application
- Show community service contributions and interest in social justice

Required Application Materials:

Along with the form attached, completed application packets must include the following:

- **Cover Letter** introducing student and explaining interest in NAACP scholarship opportunity (**1 pg limit**)
- **Personal Narrative** detailing educational goal, career goals and reason they are deserving of the NAACP scholarship. (**1pg limit**)
- **Copy of membership card or completed application** student applicant and/or parent's membership card, or copy of completed application to join unit 6013 as proof of eligibility (**If Applicable**)
- **Official copy of high school transcript**
- **Head Shot** (cap and gown is preferred) for possible use in newspaper
- **Two letters of recommendation** from a teacher or mentor (not family member); priority given to students recommended by a current (active) member of the NAACP Branch # 6013

PLEASE PRINT LEGIBLY OR TYPE

1. Legal Name _____ 2. Membership Number _____
Last First Middle Initial

3. Permanent Address _____
Street City County State Zip Code

4. Telephone Number () _____ E-mail Address _____

5. Name of Intended College _____ City _____

6. Semester you are applying for _____ () Summer () Fall () Spring: Year _____

7. Proposed College Major _____ 8. Other Scholarships _____

8. List other financial assistance you expect to receive _____

Estimated Household Income (Please check one) below \$20,000 \$20,000 - \$40,000 \$40,000 or above

9. High School currently attending or graduated from _____

OPTIONAL

Birth date _____ / _____ / _____

Ethnicity () African American () American Indian () Latin American/ Hispanic

() Other Please Specify _____

PLEASE HAVE HIGH SCHOOL COUNSELOR COMPLETE

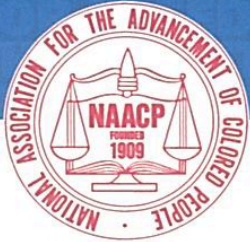
High School Graduation Date _____ / _____ / _____

Grade Point Average _____ Composite ACT Score _____ Class Ranking _____ out of _____

Name of School

Signature of High School Counselor

Date _____



Join the FIGHT FOR FREEDOM DURING OUR MEMBERSHIP CAMPAIGN

Membership is the life-blood of the NAACP. We depend on our members' generosity to insure the NAACP's independence. We depend on you to keep the flames of freedom burning bright!

1 MEMBER INFORMATION (please print clearly)

Mr. Mrs. Ms. Miss Other _____ Date _____

First Name _____ M.I. _____ Last Name _____

Address _____ Apt./Suite _____

City _____ State _____ Zip _____

Hot Springs, Unit #6013
Unit Affiliation _____ Current Membership No. (if renewal) _____

Phone No. _____ Email Address _____

Are You A Registered Voter? Yes No Solicitor's Name _____

Campaign _____

2 MEMBERSHIP TYPE (please check one)

REGULAR ANNUAL MEMBERSHIP	LIFETIME MEMBERSHIP
<input type="checkbox"/> Regular Adult (Ages 21 & older)\$30*	<input type="checkbox"/> Junior Life (Payable in annual installments of \$25 or more) \$100** (Ages 13 & under) ___/___/___ Date of Birth
<input type="checkbox"/> Youth with Crisis Magazine (Ages 20 & under) ...\$15*	<input type="checkbox"/> Bronze Life (Payable in annual installments of \$50 or more) ... \$400** (Ages 14-20) ___/___/___ Date of Birth
<input type="checkbox"/> Youth without Crisis Magazine (Ages 17 & under) .\$.10	<input type="checkbox"/> Silver Life (Payable in annual installments of \$75 or more) \$750**
<input type="checkbox"/> Annual Corporate\$5,000*	<input type="checkbox"/> Gold Life (Payable in installments of \$150 or more) \$1,500** Only available to Silver or Regular Life Members
* Includes a 1-year subscription to The CRISIS Magazine	
** Fully-paid Life Memberships include a 10-year subscription to The CRISIS Magazine	
*6.00 per year of the membership fee will be applied toward your subscription to THE CRISIS	
<input type="checkbox"/> Diamond Life (Payable in installments of \$250 or more) \$2,500** Only available to Gold or Golden Heritage Life Members	

3 PAYMENT

Amount Paid \$ _____ MasterCard VISA American Express Cash
Credit Card Number _____ Check (checks and money orders should be made payable to: NAACP)
Name as it Appears on Card _____ Expiration Date _____
Authorized Signature _____ Or Pay by Credit Card Online at: www.NAACP.org

THANK YOU FOR YOUR SUPPORT

This application is part of a scholarship application, and the dues will be paid by a sponsor in the NAACP # 6013.