

# Long Beach Branch NAACP Scholar Dollar and Scholarship Application

*\*Application is for Postsecondary-School-Bound High School Students & LB NAACP Scholars/Interns\**

## APPLICANT INFORMATION

Last name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Please indicate your status:  NAACP Member  Non-Member

Are you willing to join?  Yes  No

## DIVERSITY

GENDER  Male  Female  (Write-In) \_\_\_\_\_

ETHNICITY  Alaskan Native  American Indian  Asian or Pacific Islander  African American

Hispanic  White  (Write-In) \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Last name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

## EDUCATION

High School/College Name \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

School Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Counselor/Advisor's Name: \_\_\_\_\_

**POST-SECONDARY SCHOOL PLANS**

School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

School Type:  4 yr. College or University  2 yr. Community or Junior College

Vocational - Technical School  Other \_\_\_\_\_

Major of course of study \_\_\_\_\_ Anticipated date of graduation (M, Y) \_\_\_\_\_

Applicant will enroll:  less than half time  half time or more  full time

**ESSAYS – Please type all prompts on standard 8 x 11 paper**

(1): “As an NAACP Scholar Dollar or Scholarship Applicant how will you help the NAACP change inequities faced by minorities in our community?” (Minimum 500 words)

(2): Prepare a 400 word essay explaining your financial situation.

(3): Prepare a 300 word essay describing your goals and career objectives.

**WORK**

Describe your work experience during the **past four years**. Your more recent positions will be more heavily weighted.

Company	Position	Amount Earned	Start Date Mo/Yr	End Date Mo/Yr	Hours per Week





**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **CHECK LIST**

To prevent the exclusion of any required documentation, please check the following:

- Completed Application
- Parents' and Applicant's Signatures
- Official Transcripts
- 3 Essays
- 2 Letters for Recommendation from Teacher or Counselor
- Letters of Verification (Community Service)
- Copy of SAT/PSAT scores

Application may be submitted year round.

Mail your application to:

Long Beach Branch NAACP Scholarship Program

P.O. Box 1594, Long Beach, CA 90801

W: [www.lbcanaacp.org](http://www.lbcanaacp.org) E: [mnaacp@gmail.com](mailto:mnaacp@gmail.com)