



**National Association for the Advancement
Of Colored People
Killeen Branch
P.O. Box 1522
Killeen, TX 76540-1522
254-286-9211
www.naacpkilleen.org**

Scholarship Application 2017-2018

Dear Applicant,

It is with great pleasure and honor to have you apply for the Killeen Branch NAACP Scholarship. We are offering this opportunity of financial support to Senior High School students, graduating in May/June 2018, from a high school in the Killeen and Copperas Cove Independent School Districts. If you qualify to be a potential recipient of our scholarship with goals to attend college in the fall semester of 2018, please complete the attached application in its entirety and include your signature on the specified line. Along with your application, **you must select one of our topics to discuss in a typed essay AND submit an official transcript.**

The due date for your application packet is January 19, 2018. Please mail your packet before or on this date. We will accept packets that are postmarked before or on January 19, 2018, but will return packets postmarked after that date. All packets will be reviewed by the scholarship panel. The Killeen Branch NAACP will contact the scholarship recipients by February 17, 2018. Recipients will be recognized at the 45th Annual Freedom Fund Banquet scheduled to take place March 16, 2018.

If you have any questions or concerns, please call 254-338-1562.

**Directions for the essay: All essays must be typed for consideration
Minimum 300 words
Double-spaced
Header on each page with legal name included**

**Essay Cover Page: Title
Full Legal Name
Permanent Address
Name of High School**

**Essay Topics: (1) What are your career goals? Explain.
OR
(2) Who has influenced you the most throughout your life and why?**

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Please type or print in black or dark blue ink.

1. **Applicant's Full Legal Name:** _____

2. **Applicant's Contact Information:**

Home Address _____

Mailing Address _____

Telephone Number _____

E-mail Address _____

3. **Applicant's School Information:**

Name and Address
of your High School _____

Guidance Counselor _____
Current G.P.A. _____
Current Class Rank _____

List all of your
Honors Courses,
To include Dual Courses _____

Name of College/University
you have been accepted to
or plan to attend _____

Major(s) you hope to study _____

4. **Applicant's Personal Information:**

Date of Birth _____

Gender _____

Race/Ethnicity _____

List the ages of your
Sibling(s) _____

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Parents (mark one) _____ Both Parents at home
 _____ Divorced parents
 _____ Single Mother
 _____ Single Father
 _____ Legal Guardian (specify: _____)

Household Income _____ Less than \$11,999
 _____ \$12,000 to \$20,000
 _____ \$20,001 to \$40,000
 _____ \$40,001 to \$60,000
 _____ Greater than \$60,000

5. Applicant's Recognitions/Leadership Information:

List memberships, positions, honors, awards, certifications, or attach resume.
Specify the time frame with a date (MM/YYYY—01/2017).

- a.) _____

- b.) _____

- c.) _____

- d.) _____

- e.) _____

- f.) _____

- g.) _____

- h.) _____

6. Applicant's Signature:

Your signature is required below. Without it, your application is not complete and cannot be processed.

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that would jeopardize consideration of this application.

Applicant's signature

Date