



**National Association for the Advancement of Colored People (NAACP)
Las Vegas Branch 1111 (702) 638-1300**

SCHOLARSHIP APPLICATION 2019

Directions: Please complete and submit online (email: thnaacplv@lvcoxmail.com)

Name: _____ Last 4 digits SS# _____
(Last) (First) (Middle)

Address: _____ Hm #: _____
(Street) (City, State, Zip) Cell #: _____
Email: _____

D.O.B.: _____ Graduation Date: _____
(Month/Date/Year) (Month/Date/Year)

Current School: _____ Phone: _____
(Name) (City, State, Zip) (W/Area Code)

Counselor/Advisor's Name: _____

Grade Point Average: _____ S.A.T. /A.C.T. Scores _____ (Attach copies of scores)

Honors/Awards: _____

Community Activities: _____

College you plan to attend: (1) _____
Have you been accepted ____ Yes ____ No

(2) _____
Have you been accepted ____ Yes ____ No

Anticipated College Major: _____

Career Objectives/Goals: _____

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Names of References: (1) _____
1 - Teacher (Name) (Phone)
1 - Community Leader or Employer
1 - Counselor or Advisor (2) _____
(Name) (Phone)
(3) _____
(Name) (Phone)

Note (These individuals may be the same as those who wrote the letters of recommendations.)

Father/Guardian Name: _____

Address: _____

Occupation: _____ Annual Income: _____ Phone: _____

Mother/Guardian Name: _____

Address: _____

Occupation: _____ Annual Income: _____ Phone: _____

List any other Scholarships or Grants for which you have applied and/or received:

A. _____

B. _____

C. _____

Note In 50 words or less tell us something about yourself." On a separate piece of paper
I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE TO THE BEST OF
MY KNOWLEDGE.

Applicant Signature: _____ Date: _____

DEADLINE.....March15, 2019