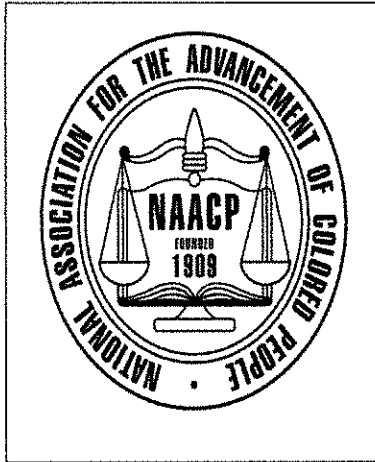


**NATIONAL ASSOCIATION FOR THE ADVANCEMENT
OF COLORED PEOPLE
(NAACP)
ATLANTIC CITY BRANCH**



\$500.00
2018 Scholarship Application

CRITERIA:

1. Applicant **MUST** complete all information and respond by the deadline.
2. Applicant **MUST** attach the following:
 - a. Computer generated essay stating why he/she applied to the NAACP for a scholarship. (No more than one (1) page).
 - b. Up-To-Date high school transcript.
 - c. Letter of recommendation from one of his/her high school teachers.
3. Applicant **MUST** have at least a C+ average in order to apply for this scholarship.
4. Applicant **MUST** return this application as soon as possible, but not later than **April 15**.
5. Applicant **MUST** provide proof that he/she is actually enrolled in, and attending an institution of higher learning in the fall of the year after graduation, at which time a check will be made payable to the student.
6. Must be Atlantic City resident.

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
Jethro Presbyterian Church
423 North Ohio Avenue
Atlantic City, New Jersey 08401

Scholarship Application **(\$500.00)** - Year 2018

Name of Applicant _____

Address _____

City _____ State _____ ZIP _____

Phone Number () _____ DOB _____ Age _____ Sex _____ Place of Birth _____

Name of Parent(s)/Guardian(s) _____

Address _____ City _____ State _____ ZIP _____

Mother's Occupation _____ Father's Occupation _____

Total Income of Parents _____

Names of Brothers/Sisters	Age	School or Occupation	At Home (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School _____ Class Rank _____ Class Size _____

College/University you will attend _____

Field of study you will pursue _____

List High School Honors/Awards _____

Community Honors/Awards _____

Work Experience (Summer and/or School)

(1) Job Title _____

Employer _____

(2) Job Title _____

Employer _____

(3) Job Title _____

Employer _____

Community Service _____

List other scholarships for which you have applied _____

Signature of Parent _____ Date _____

Signature of Applicant _____ Date _____

Return this application as soon as possible, but not later than April 15 to:

Mr. Frank Ervin
1640 North Arkansas Avenue
Atlantic City, NJ 08401