

**April 15, 2019**

**To: High School Counselors**

**Fr: Annie Robinson, Chairperson  
Scholarship Committee  
Rock Island County NAACP  
(309)787-3782**

**Re: Scholarship Applications**

**Please give these applications to seniors. They should fill them out completely and return them to the address on the application form. Applications should be postmarked by Monday, May 20, 2019.**

**If you need more applications, please feel free to make copies.**

**Thank you so much for your cooperation.**



## **ROCK ISLAND COUNTY NAACP BRANCH #3268 EDUCATIONAL SCHOLARSHIP**

**PURPOSE** To provide at least three \$500.00 scholarships to students who plan to pursue degrees or certifications from accredited colleges, universities or trade schools

**CRITERIA** Applicant must be a graduating, high school senior and resident of Rock Island County in the year of the award

Applicant must submit an essay containing at least 250 words, typed and double-spaced, discussing the importance of doing "Volunteer Service" in the community

Applicant must have a cumulative grade point average of 2.75 or better on a 4.0 scale, and submit an official transcript with application

The applicant must plan to enroll in a full time undergraduate course of study at an accredited two or four year college, university or vocational-technical school. Verification of enrollment must be provided to receive the scholarship.

Applicant must provide two letters of reference with at least one letter from a teacher, counselor or administrator

**CHECKLIST**

- \_\_\_\_\_ 1. Application completed and signed
- \_\_\_\_\_ 2. Official transcript included
- \_\_\_\_\_ 3. "Volunteer Service" essay included
- \_\_\_\_\_ 4. 2 letters of reference included

**PLEASE MAIL COMPLETED APPLICATION AND INFORMATION TO:**

Scholarship Committee  
Rock Island County NAACP Branch #3268  
P.O. Box 4701  
Rock Island, Illinois 61204-4701

**If there are questions or problems, please contact Annie Robinson at (309) 787-3782.**

# ROCK ISLAND COUNTY NAACP BRANCH #3268 EDUCATIONAL SCHOLARSHIP



## STUDENT APPLICATION

Please read this form carefully and answer each question completely. Your application will not be processed if all questions are not answered in full. Mark N/A for items not applicable.

### PERSONAL DATA

Full Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Home Cell

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Full name and Address of Parent(s) or Guardian(s):

Father \_\_\_\_\_ Mother \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### EDUCATIONAL INFORMATION

High School \_\_\_\_\_

High School Address \_\_\_\_\_

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

What are your goals? (Feel free to use extra paper for answering this question).

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Where do you plan to attend college? \_\_\_\_\_

College or University address \_\_\_\_\_

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Have you currently applied for admission? \_\_\_\_\_ Accepted? \_\_\_\_\_

Proposed major \_\_\_\_\_

What is your cumulative grade point average? \_\_\_\_\_ Class Rank? \_\_\_\_\_

If available, highest ACT or SAT score \_\_\_\_\_

Ethnicity \_\_\_\_\_

**VOLUNTEERISM**

Please list volunteer services performed during your school years.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application must be postmarked by Monday, May 20, 2019.**