**National Association for the Advancement of Colored People**

**Albany Branch**

**2024 SCHOLARSHIP APPLICATION PACKAGE**

**Purpose:**

This Scholarship is sponsored by the Albany Branch of the NAACP. The scholarship is available to an outstanding high school senior of African ancestry attending an accredited high school, and at the time of application, a) has a minimum Grade Point Average (GPA) of 3.0 or greater on a scale of 4.0, and (b). majoring in medicine or another field of science.

The amount of the scholarship award is $2,000 and will be awarded to a recipient to be used toward the purchase of books and/or college tuition and fees. The NAACP Scholarship is a direct investment in the future of a Capital Region youth seeking educational achievement, advancement, and success. This scholarship reflects the guiding principles the NAACP believes should be instilled in our youth, which is to educate our minds to elevate our people.

**Eligibility Requirements:**

1. Grade Point Average (GPA) of a minimum of 3.0; an official transcript must be submitted.
2. Must be currently enrolled in an accredited High School or **in an accredited program of higher education.**
3. Must submit a copy of their resume or a biographical sketch.
4. Must have two (2) letters of recommendation: one from a member of their community, and one from the academic institution they attend (e.g., advisor, teacher, department chair, director, internship, academic mentor, etc.)
5. Must complete the Biographical Essay responding to the three questions listed below.
6. **Must be a member of the Albany Branch of the NAACP.** ([www.naacpalbanyny.org](http://www.naacpalbanyny.org))

**Not required (optional):**

You may wish to submit a photo with the application

**Submission Deadline:**

Your application form, essay, and all other requested information must be submitted and postmarked by **Friday June 14th, 2024.**

**Albany NAACP SCHOLARSHIP 2024 Application**

**(To Be Completed by Applicant)**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA \_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

College/University to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ accepted \_\_\_\_ applied\_\_\_\_\_\_\_

Community Service (be specific) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ESSAY REQUIREMENTS**

**Biographical Essay**

Please submit a biographical essay that provides a detailed response to the following three questions.

Your essay should be typed and double-spaced and must address each of the three questions.

1. Describe your ultimate goal or dream, and how you plan to achieve it? (Please be specific).
2. Describe a hero in your life? How has this hero affected your life? (Please be specific.)
3. What was the greatest obstacle you have overcome and how? (Please describe in detail.)

**======================================================================**

**CONDITION OF AWARD**

Please ensure that appropriate signatures are affixed where required, and that all information is submitted as one package. Absence of any portion of the required information will result in the ineligibility of the applicant.

All information must be post-marked on or before **Friday June 14, 2024.**

The awardee will be notified before school graduation.

**PLEASE NOTE:**

**This award is available for high school seniors and students enrolled in an accredited program of higher education and majoring in medicine or another field of science.**

**This is a one-time scholarship award.**

**If you have questions or would like more information, please contact us at 518-275-0673 or** [**albanyNAACP1@gmail.com**](mailto:albanyNAACP1@gmail.com)**.**

**Return application to:**

**Albany NAACP**

**P.O. Box 38205**

**Albany, N.Y. 12203**

**APPLICATION VERIFICATION CHECKLIST**

**Please verify the following documents are in the application package.**

|  |  |  |
| --- | --- | --- |
|  | **Student application** |  |
|  | **Official School Transcript** |  |
|  | **Letters of Recommendation**  **(**2 letters – 1 from Community member, 1 from Academic Institution you currently attend) |  |
|  | **Resume or Biographical Sketch** |  |
|  | **Biographical Essay(s)** |  |
|  | **Optional - Headshot photo** |  |

**APPLICATION VERIFICATION**

I/We have reviewed the application and verified that all information is correct to the best of our knowledge.

I/We understand and agree with the conditions herein. I/We, the undersigned, hereby grant permission to the Albany NAACP to publish personal biographical information submitted in conjunction with annual reports filed and/or newspaper articles published. I/We also give permission for the Albany NAACP to use any photographs that may be taken of me as it concerns the branch’s annual scholarships/awards, the NAACP website page, and all published literature.

**Applicant’s Signature**

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(Signature)

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(Print Name)

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian if under 18 years of age:**

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(Signature)

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(Print Name)

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return application to:**

**Albany NAACP**

**P.O. Box 38205**

**Albany, N.Y. 12203**