

2024 NAACP Freedom Fund

Scholarship Application

Lake County Branch NAACP

P.O. Box 744

Painesville, OH 44077



Application must be received by April 26, 2024

For more information contact the branch

(440) 639-1008

APPLICATION INSTRUCTIONS

General Instructions:

Please read the following information **before** completing this application.

Eligibility Criteria:

- Applicant must be residing in Lake County and attending a Lake County High School.
- Applicant must currently be a High School Senior in good academic standing and possess a cumulative grade point average of at least 2.5 (C+) on a 4.0 system.
- Applicant must be a minority student: African American, Asian American, American Indian, Latino/Hispanic, Pacific Islander or a member of the Lake County Youth Chapter.
- Scholarship recipients are asked to volunteer time at least one NAACP event. Our hope is that you will see the value in this work and become a permanent active member
- Scholarship recipients also receive a 1-year paid membership to the Lake County NAACP. This is a great opportunity to become involved in your community and learn how to work toward real and positive changes to establish true justice and equity.

AWARD: \$1,000

If you are selected to receive a scholarship, your award will be sent to your College/University's financial aid office and credited to your account after the Freedom Fund Banquet in October.

Required Material:

Please complete the application in its entirety and attach **all** supporting documents.

- College/University letters of acceptance and a copy of your fall schedule, if available.
- Two letters of recommendation.
- A Copy of your current transcript (High School) and a final official transcript of your grades.
- **Recent photograph** (To be publicized in the newspaper).
- A typed double-spaced essay of 500 words or more explaining what career you wish to pursue after college. Also include a description of your personal goals and what you hope to accomplish in your lifetime.

Scholarship Recipient's Informational Checklist

This form **MUST** be completed and returned by April 26, 2024.

Applicant's Full Name _____

Home Phone () _____ **Cell Phone** () _____

E-mail _____

Home Address _____

City _____ **Zip** _____

Please check all that apply:

Yes___ If I receive a scholarship, I will attend the NAACP Juneteenth Celebration on June 15, 2024 at Veterans' Memorial Park in Painesville, Ohio to receive my award or send a representative if I am unable to attend

Yes___ I have enclosed a recent Photo (to be used for news publications)

Yes___ I have enclosed my 500 word or more essay.

Yes ___ I have enclosed a copy of my current transcript.

Yes___ I have two letters of recommendation.

Yes___ I have my College/ University acceptance Letter.

Yes___ I will volunteer time to at least one NAACP event.

Name of College/University you will be attending:

Name of Financial Aid /Bursars' Officer: _____

Financial Aid /Bursars' Officers Address: _____

Phone Number: _____

Start date of fall classes 2024: _____

SCHOLARSHIP APPLICANT'S INFORMATION

INCOMPLETE and /or LATE APPLICATIONS

WILL NOT BE CONSIDERED

Applicant's Name _____

Date of Birth _____

Home Address _____

City & State _____ Zip code _____

Home Phone () _____ Cell phone () _____

Email Address _____

Parents/Guardian Name _____

Phone Number (Home) _____ (Cell) _____

Applicant resides with: ___Mother ___Father ___Both ___Guardian

Email Address _____

Educational Status:

High School Name _____

College/University you will be attending: _____

Intended Major: _____

Name of Financial Aid Officer: _____

Financial Aid Officer's Address _____

Financial Aid Officer's Phone Number _____

Start Date of Fall Classes 2024 _____

INVOLVEMENT IN SCHOOL & COMMUNITY DURING HIGH SCHOOL
(Please include extracurricular activities, volunteer work, and employment)

Attach an additional sheet if needed

CLUB or ORGANIZATION	YOUR ROLE	YEARS INVOLVED
Example: National Honor Society	member	4
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Teacher Recognition

Which teachers provided you with the greatest motivation? Which ones had the greatest positive impact on you during your High School experience? In the spaces below provide the requested inform about the 3 most influential teachers you have had since you started High School.

Teacher : _____	Grade: _____	School _____	Subject: _____
Reason: _____			

Teacher : _____	Grade: _____	School _____	Subject: _____
Reason: _____			

Teacher : _____	Grade: _____	School _____	Subject: _____
Reason: _____			

Applicant's Signature _____

Parent's/Guardian's Signature _____

APPLICATIONS SHOULD BE MAILED TO:
LAKE COUNTY BRANCH NAACP, P.O. BOX 744, PAINESVILLE, OH 44077
TO BE RECEIVED BY April 26, 2024.