



# STAMFORD NAACP SCHOLARSHIP APPLICATION - 2018

## APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	
Current address:		
Contact Info: Tel.	Cell:	Email:
City:	State:	ZIP Code:
Parent /Guardian name:	Address:	City:

## PROOF OF THE FOLLOWING

GPA (Transcript)	High School:	Undergrad:
Anticipated Date of Graduation	High School:	Undergrad:
School Attending	High School:	Undergrad:
City:	State:	ZIP Code:
Planned Field of Study if known?		

## LIST HONORS/ AWARDS \*


## LETTER OF RCOMMENDATION

Current Teacher /Professor		
Address:		How long known?:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

## LIST ALL COMMUNITY SERVICE\*

Name	Address	Phone

## LIST ORGANIZATIONS/MEMBERSHIPS\*

Name	Name
Name	Name
Name:	Name:

## SIGNATURES

- Can List Information on a separate Sheet and Attach along with ESSAY.

Signature of applicant:	Date:
Signature of Parent/ Guardian:	Date: