

Thomasville, Georgia Branch NAACP, 5235-B

☐ RUDOPH ELZY SR. SCHOLARSHIP APPLICATION

☐ THINK BEFORE YOU REACT SCHOLARSHIP APPLICATION

Mission: Our mission is to achieve equity, political rights, and social inclusion by advancing policies and practices that expand human and civil rights, eliminate discrimination, and accelerate the well-being, education, and economic security of Black people and all persons of color.

Please submit your completed application with 1 reference letter and transcript if GPA is not verified by counselor to:
thomascountyganaacp@hotmail.com

Section 1: Personal Information

Last Name: Click here to enter text.		First Name: Click here to enter text.		Middle Initial: Click here to enter text.	
Mailing Address: Click here to enter text.		City: Click here to enter text.		State/Zip: Click here to enter text.	
Physical Address (If different): Click here to enter text.		City:		State/Zip:	
Date of Birth: Click here to enter a date.		Age: Click here to enter text.		Telephone Number: Click here to enter text.	
				Email Address: Click here to enter text.	
Mother's Name and Occupation: Click here to enter text.			Father's Name and Occupation: Click here to enter text.		

Section 2: Education

High School: Click here to enter text.	<input type="checkbox"/> Transcript attached for GPA verification <u>or</u> Current Grade Point Average Counselor signature for GPA verification _____
School Counselor's Printed Name: Click here to enter text.	

Schools accepted/applied/plans to apply to:

Please list schools you have or have plans on applying to and if you have been accepted.

A	A	P	Post-Secondary Institution	A	A	Pl	Post-Secondary Institution
c	p	l		c	p	a	
c	p	a		c	p	n	
e	i	s		e	i	s	
p	e	t		p	e	t	
t	d	o		t	d	o	
e		A				A	
d		p				p	
		p				p	
		l				l	
		y				y	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Intended area of study or major(s): _____

Section 3: Extracurricular Activities

Please list your religious, school and community activities: Click here to enter text.

Total Community Services Hours Click here to enter text.
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Section 4: Written Narrative

Please provide a brief narrative about yourself, future aspirations, and how this scholarship will benefit you.

Click here to enter text.

Section 5: Reference

Please provide 1 written reference Letter with your completed application

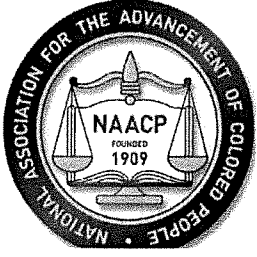
Section 6: ***For Scholarship Committee Official Use***

Scholarship Committee Comments: _____

Committee Members Signatures:

Scholarship Approved:	Scholarship Disapproved:
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Date: _____



Thomasville, Georgia Branch NAACP, 5235-B

☐ ARCHBOLD SCHOLARSHIP APPLICATION

☐ SADIE T SCHOLARSHIP APPLICATION

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Accepted	Applied to	Plans to Apply	Post-Secondary Institution	Accepted	Applied to	Plans to Apply	Post-Secondary Institution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

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Scholarship Approved:

Scholarship Disapproved:

Date: _____