

Shirley Sadler Reeder Memorial Scholarship

•APPLICATION FORM•

Submission Deadline: March 21, 2018



SCHOLARSHIP:

- The Indiana County PA NAACP – Branch #2309 shall award four (4) scholarships of \$500 each to high school seniors of Indiana County PA who pursue college or post-secondary training.

ELIGIBILITY & REQUIREMENTS:

- (1) Applicants shall be high school seniors pursuing college or post-secondary training.
- (2) Applicants shall reside in and attend high school in Indiana County PA.
- (3) Current membership with the Indiana County PA NAACP – Branch #2309 by the applicant &/or by a member of his/her immediate family is preferred but not required. Membership can be submitted with the application for the scholarship.
- (4) Applicants shall have a minimum Grade Point Average of 2.20 or better on a 4.0 scale.
- (5) **CURRENT SCHOOL TRANSCRIPTS MUST ACCOMPANY ALL APPLICATIONS.**
- (6) Write and submit a 500-word, TYPED essay that 1) describes how the NAACP has contributed to improving the quality of life in the USA; (2) your leadership, extra-curricular, volunteer/community service activities, and/or other achievements; and (3) your career plans and/or goals. Useful background information on the NAACP can be found at www.naacp.org.
- (7) Applications must be typed, 10-12, simple fonts only. If you prefer an e-copy of the application, send your request to: naacp.indiana.county@gmail.com or www.facebook.com at NAACP Indiana County
- (8) Applications must be mailed, received, and postmarked by 4:30 p.m., **March 21, 2018**.
- (9) Please submit completed APPLICATION, ESSAY, and GRADE TRANSCRIPT to:
Indiana County NAACP
c/o Mr. Scott Mossgrove, Chair, Indiana NAACP Scholarship Committee
P.O. Box 7
Indiana PA 15701-9769

NOTIFICATION:

- Scholarship recipients shall be announced on or before Monday, June 2, 2018. Following verification of enrollment from the college or a post-secondary institute the recipient attends, a \$500 check shall be mailed on behalf of the recipient to the institution he/she attends. Contact: Indiana NAACP at 724-464-9152 for further information, if needed.

**STUDENT APPLICANT
INFORMATION:**

Name: _____

Mailing Address: _____

Phone-Cell: _____

Phone-Residence: _____

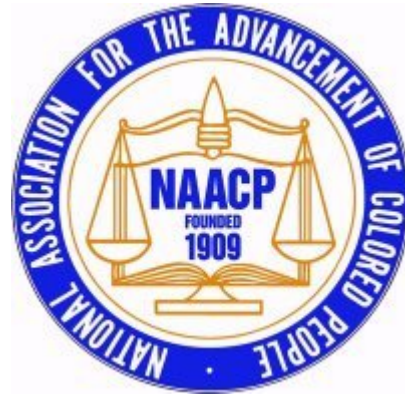
E-Contacts:

• Email: _____

• Facebook: _____

• Website: _____

• Other: _____



***Indiana County PA NAACP
Branch #2309***

COLLEGE OR POST-SECONDARY TRAINING INFO:

• Anticipated Enrollment Date: _____

• Institutions you plan to attend: _____

• Expected Major: _____

HIGH SCHOOL INFORMATION:

• Name of High School: _____

• Mailing Address of HS: _____

• Applicant's Grade Point Average: _____

• Name of High School Counselor: _____

• Counselor's Signature: _____



PARENT(S) INFORMATION:

• Name(s) of Parent(s): _____

• Name of Current Member of Indiana County NAACP, Branch #2309, if any: _____

(Note: Member must be the applicant, parent or immediate family).

APPLICANT'S SIGNATURE & DATE:

