

# NAACP

## SCHOLARSHIP APPLICATION

**DUE:  
JUNE 13**

This scholarship is sponsored by the NAACP, Albany Branch. This award is available to an outstanding graduating capital region high school senior of African ancestry entering college with a major in medicine or medical related profession (Example: physical therapy, occupational therapy) or another field of science.



### SCHOLARSHIP PURPOSE:

The NAACP Albany Scholarship is a direct investment in the future of a Capital Region youth seeking educational achievement, advancement, and success.

We believe in the tenant that "The youth are our future" and "A mind is a terrible thing to waste."

This scholarship reflects the guiding principles of the NAACP to support the development of brilliant, skilled, talented, fearless leaders to step boldly into the world.  
Up to three \$2000 awards will be presented.



### REQUIREMENTS:

- Enrolled in an accredited High School or in an accredited program of higher education
- Minimum GPA of at least 3.0 out of 4.0\*
- Must be a member of the Albany Branch of the NAACP. ([www.naacpalbanyny.org](http://www.naacpalbanyny.org)) ; can join at time of application
- *Full requirements listed in the application*

### SUBMIT YOUR APPLICATION TO:

Albany NAACP  
P.O. Box 38205  
Albany, NY 12203

### MORE INFORMATION:



518-275-0673



[www.naacpalbanyny.org](http://www.naacpalbanyny.org)



[albanyNAACP1@gmail.com](mailto:albanyNAACP1@gmail.com)



## *Scholarship Application Packet*

The NAACP Albany Scholarship is a direct investment in the future of a Capital Region youth seeking educational achievement, advancement, and success. We believe in the tenant that "The youth are our future" and "A mind is a terrible thing to waste." This scholarship reflects the guiding principles of the NAACP to support the development of brilliant, skilled, talented, fearless leaders to step boldly into the world.

Up to three \$2000 awards will be presented.

### **Eligibility Requirements:**

1. Enrolled in an accredited High School or in an accredited program of higher education.
2. Grade Point Average (GPA) of a minimum of 3.0; an official transcript must be submitted
3. Acceptance into an accredited school of higher learning. (Provide acceptance letter)
4. Must submit a copy of their resume or a biographical sketch. (Include a description of all community services activities).
5. Provide 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.)
6. **Must be a member of the Albany Branch of the NAACP.** ([www.naacpalbanyny.org](http://www.naacpalbanyny.org)) Applicants can join at the time of application, form attached.
7. Respond to one (1) of the three questions or below:  
Your essay should be typed, a minimum of 500 words and double-spaced.
  - a. Describe your ultimate goal or dream, what interested you about it and, your planned or expected steps toward achievement. (Please be specific).
  - b. Describe who inspires you, what qualities most impressed you and why; and ways you have incorporated those qualities in your own life experiences.
  - c. Describe the greatest obstacle you have overcome, any assistance that was sought and/or provided to you, and how you knew you had successfully overcome it.

### **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 13, 2025.**

# Scholarship Application



**Albany Branch**

<https://www.naacpalbanyny.org/>  
[albanyNAACP1@gmail.com](mailto:albanyNAACP1@gmail.com)

**(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\_\_\_\_\_

## **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 13, 2025**

The awardee will be notified before school graduation.

### **PLEASE NOTE:**

**This award is available to an outstanding graduating capital region high school senior of African ancestry entering college with a major in medicine or medical related profession (Example: physical therapy, occupational therapy) 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

- ☐ Student application
- ☐ Official School Transcript
- ☐ Letter of Recommendation - from a community member
- ☐ Letter of Recommendation - from academic institution your currently attending
- ☐ Resume or Biographical Sketch
- ☐ Biographical Essay
- ☐ Copy of college acceptance letter
- ☐ Optional - Headshot

## 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

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

NAACP<sup>®</sup>