



National Association for the Advancement of Colored People

GARY BRANCH NAACP #3050

PO Box 64843 * Gary, Indiana * 46401

Serving Gary, Lake & Porter Counties

March 2023

GARY BRANCH NAACP SCHOLARSHIPS

Each year the NAACP, through generous donations, provide scholarships to outstanding students. It is the duty of our dedicated Scholarship Committee to determine the most outstanding individuals to receive these awards. The NAACP does not provide financial aid to individuals, only scholarships through this process.

Eligibility Requirements:

Graduating High School Seniors, Technical Vocational/ Apprenticeship students

To be eligible for the scholarship applicants must:

- ***Must be a current high school graduate*** and a resident of Gary, Lake, or Porter counties.
- ***Copy of Official transcript.***
- ***Must be enrolled or accepted*** into an accredited college or university.
- ***Copy of Acceptance letter.***
- ***Two letters of recommendation*** from a teacher or a professional individual from the community.
- ***Personal Bio & Photo (headshot) of yourself.***
- ***Certificate of Volunteerism (25 +volunteer hours with the Gary Branch of NAACP). Volunteer hours must be completed prior to application deadline.***
- Demonstrate financial need based on the federal poverty guidelines.
- ***NAACP member and associated*** with one of the Youth entities; NAACP Youth Council or ACT-SO Program.

“WIN WE FIGHT, WE WIN”



Timeline:

- **Reach out to the Gary Branch of NAACP for Volunteer Opportunities. (219) 201-6050 Leave your name and contact number**

- **The 2023 – 2024 application period ends May 30, 2023.**

- **Please return application with requested items via email at naacpgary@gmail.com or mail to NAACP Gary Branch, PO Box 64843, Gary, Indiana 46401. Please put to the attention 2023 Gary Branch of NAACP Scholarships. Must be postmarked or emailed by May 30, 2023.**

“ WE FIGHT, WE WIN”



Please Type/Print:

Name: _____

Permanent Address: _____

City, State and Zip: _____

Date of Birth _____ Male _____ Female _____

Email: _____

Home/Cell Phone: _____

High School: _____ GPA: _____

Please list the college or university you will be attending:

School semester: (please circle one) Fall 2023 Spring 2024

Are You a Member of the NAACP: (please circle one) Yes No

Membership status current? _____

Parent(s)/Guardian Name(s): _____

Are Your Parent(s) Guardian Members of NAACP: (please circle one) Yes No

Membership status current? _____ Membership status current? _____

Completed Volunteer hours Yes No

25 + volunteer hours must be completed by application deadline.

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