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NAACP SPRINGFIELD BRANCH #4081

NAACP HEALTH FIELD 2022 SCHOLARSHIP

Eligibility Requirements

1. Must be classified as a sophomore or junior pursuing a health field degree at an established college, university or vocational school. Other specialized training or certification may be considered and approved by the NAACP.

Applications:

In addition to the application, required materials include:

1. An official transcript or current classes and grades received
2. A brief personal statement (less than 500 words) that details why you chose your health-oriented field, and your future career goals.

Note: Incomplete applications will not be processed.

Selection criteria:

1. Selection for the scholarship is based on the following criteria:
 - Academic achievement
 - Extracurricular activities
 - Community service and volunteering

Award:

1. The recipient of the scholarship will be notified by a member of the NAACP scholarship committee.
2. Upon award of this scholarship the NAACP will issue a one-time check for the 2022-2023 academic year.

**Your scholarship packet should include:
Application, Personal Statement, Official Transcript, and current GPA**

Send your completed application packet to:

Springfield NAACP

Attn: Scholarship Committee PO Box 8983

Springfield, MO 65801

Or email to: info@naacpspringfieldmo.org

Must be received by April 15, 2022

Name: _____

Mailing Address: _____

Phone: _____

Date of Birth: _____

Activities and Honors

Please list each activity or honor only once in the appropriate section. PLEASE DO NOT ABBREVIATE.

Special Recognition or Academic Honors

(Honor Society, National Science Fair, Dean's List, etc.)

PAID EMPLOYMENT

(List only employment during school year)

Description of Employment, School Year, Average Hours/Week, # of Weeks

Applicant's Certification

- I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that submitting non-factual information will automatically disqualify me from any consideration for a scholarship.
- By submitting this application, I authorize my school to make available to the NAACP information concerning my academic records.

Yes _____ No _____

Applicant's Signature: _____

Date: _____

This application must be completed and submitted in full with an official copy of the applicant's most recent college transcript, and personal statement.