



Thomas County Branch NAACP Archbold Scholarship Application

Section 1: Personal Information

Last Name:	First Name:	M.I. :
------------	-------------	--------

Mailing Address:	City:	State/Zip:
------------------	-------	------------

Physical Address (If different):	City	State/Zip
----------------------------------	------	-----------

DOB:	Age:	Telephone Number: ()	Email Address:
------	------	-----------------------------	----------------

Mother's Name and Occupation:	Father's Name and Occupation:
-------------------------------	-------------------------------

Section 2: Education

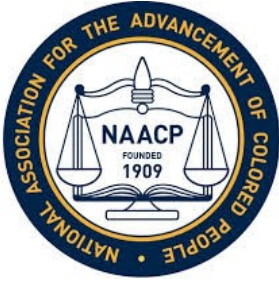
Name of Your High School:	Current Grade Point Average:
School Counselor's Name:	Counselor's Signature (For G.P.A. verification)

Are you interested in attending a four-year institution of Higher Education?

List Possibilities _____

What is your intended area of study or major(s) ? _____

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



Archbold Scholarship Application

Continued

Section 3: Extracurricular Activities

Please list your religious, school, and community activities:

Section 4: References

Name:	Address:	Telephone Number: () -
-------	----------	------------------------------------

Name:	Address:	Telephone Number: () -
-------	----------	------------------------------------

Name:	Address:	Telephone Number: () -
-------	----------	------------------------------------

Section 5: ***For Scholarship Committee Official Use***

Scholarship Committee Comments: _____

Committee Member Signatures:

Scholarship Approved:	Scholarship Disapproved:
-----------------------	--------------------------

Date: _____