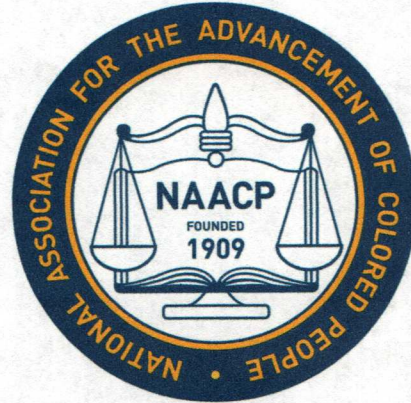


National Association for the Advancement of Colored People
Stockton Branch – Stockton Youth & College Division
401 N. San Joaquin Street
(209) 466-7000



GENERAL SCHOLARSHIP APPLICATION Applicant Cover Page

School Year _____

Student Name _____

School Name _____

Counselor _____

Student Signature _____

Parent Signature _____

Member of NAACP _____

General Scholarship Application

All information must be typed!

Name

Last Name First Name Middle

Student ID _____

Address

Street Address

City State Zip Code

Phone

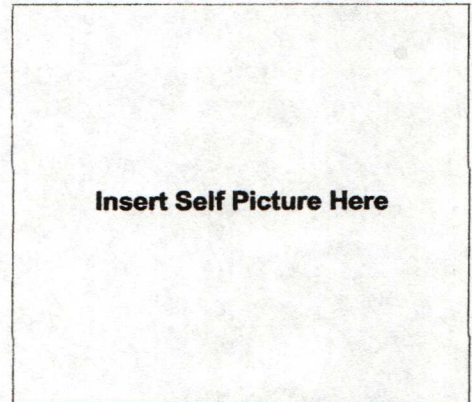
Home Phone Cell Phone Email

Birth

Date of Birth Place of Birth

Ethnicity

Race or National Origin



Mother

Full Name Occupation Employer

Father

Full Name Occupation Employer

Family Information

Total number of people living in the home, including parents? _____

Number of dependent brothers and sisters living in the home? _____

Number of dependent brothers and sisters attending college? _____

Does your family contribute to the financial support of your siblings who are currently attending college?
 (If yes, please explain.) Yes No

What is your current career plan?

What degree do you plan to obtain? (select all that apply) A.A. BA/BS MA PhD

Education Information

School Currently Attending _____ Rank in Class _____

GPA Information

Total Weighted UC/CSU SAT Score ACT Score

College Choices

First Choice Second Choice

College Major _____

GENERAL SCHOLARSHIP APPLICATION

Parent Information

List your parents' membership in professional or work-related organizations.

List your parents' union affiliations.

Is your parent or grandparent a member of the Armed Forces? If yes, which branch?

List your parents' membership in service and civic organizations.

List the religious preference of your parents (optional).

Is your parent or grandparent a veteran? Disabled veteran? Deceased veteran?

Application Rationale

In your own words, explain why you are applying for a scholarship and state any compelling reasons to justify your need to apply for financial aid. Outline any unusual financial circumstances that would clarify your status and eligibility for a scholarship. **Please only address your financial situation.**

Family Financial Status

The most recent copy of the Federal Income Tax Return Form 1040 (pages 1 and 2) **OR** a copy of the Passport to Service form **must be attached** to this application. For security purposes, the Social Security Number will be removed from all documentation by the Counselor **after** verification is complete. If your family support comes from public assistance and you wish to obtain a copy of the Passport to Service documentation, contact your eligibility worker at San Joaquin Human Services Agency, (209) 468-1000.

REQUIRED – COMPLETE EITHER OF THE BOXES BELOW – REQUIRED

Annual Gross Income	\$
Adjusted Gross Income	\$

Annual Family Public Assistance	\$
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