

NAACP

PO Box 1574 Lynchburg, VA 24505

Ethel M. Brown Scholarship

1. **The deadline** for scholarship application is **June 5, 2025**.
2. Please print legibly. Illegible applications will be returned to you.
3. If you have any questions about the application, please call Bishop Paul Kee at 434-444-5143

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____

Daytime Telephone Number: () _____

Date of Birth: _____

Name of High School: _____

Grade Point Average (GPA): _____ (On a 4.0 scale)

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

What is your intended major in college? _____

List your community service activities, hobbies, outside interests, and extracurricular activities:

STATEMENT OF ACCURACY

I hereby affirm that all the above-stated information and the following application materials provided by me is true and correct to the best of my knowledge.

Signature of scholarship applicant: _____ Date: _____



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Application Checklist:

(Please use this page as your packet cover letter)

First Name: _____ **Last Name:** _____

- ☐ Application
- ☐ Unofficial Transcripts
- ☐ Letters of Recommendation (2)
- ☐ Acceptance Letter to a post-secondary program (4-year college, trade school, community college, etc.)
- ☐ Essay