



2024 FREEDOM FUND COLLEGE SCHOLARSHIP APPLICATION

Henry County NAACP Branch ~ Dr. Rosalyn Matthews, President

[Please type or print. No electronic signatures.]

APPLICATION INFORMATION

Last Name	First	M.I.	Date	
Address				
City			GA	Zip Code
Phone		E-mail		
Current Henry County High School				
From	To	Graduation Date	GPA	
College/Technical School Attending this Fall			Starting Date	
Name of Parent(s)/Guardian(s)				
Phone		Email		
Guidance Counselor's Name				
Phone		Email		

NAACP (Membership is not a requirement for the scholarship award.)

Are you a member of the Henry County NAACP?	Yes	No	Are your parent(s)/guardian(s) members of the Henry County NAACP?	Yes	No
---	-----	----	---	-----	----

NAACP COMMUNITY INVOLVEMENT/HONORS/AWARDS. List for each year of high school.

up to three academic high school programs you participated in (Ex. Governor's Honor, etc.)

9 th Grade	
10 th Grade	
11 th Grade	
12 th Grade	

HONORS/AWARDS. List up to four honors/awards received during high school.

EXTRACURRICULAR SCHOOL ACTIVITIES. List up to three activities, how long/number of years.

COMMUNITY SERVICE. List up to three community activities/projects during high school, the organization, how long/number or years.

LEADERSHIP. List up to three leadership positions held during high school – organization, position, how long/number of years.

Video ESSAY: Choose one topic from the list below and share your response in a video essay. No more than 5 minutes [Video instructions](#)

Discuss how you plan to use your education to benefit or “give back” to your community. Do you believe it is important to contribute or actively engage in one’s community via community organizations or programs? Why or Why not?
Discuss an accomplishment or event that sparked a period of personal growth and a new understanding of yourself or others.
Who has influenced you the most throughout your life and how?

REFERENCES. List three references – high school counselor, teachers, administrator, or employer.

Name		Title	
Telephone		Email	
Company			
Address			
Name		Title	
Telephone		Email	
Company			
Address			
Name		Title	
Telephone		Email	
Company			
Address			

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a scholarship, I understand that false or misleading information on my application or interview may result in my disqualification.

I understand that the college/university/Technical School that I attend must provide official verification of my enrollment for fall 2024.

I will attend the panel interview during the week of Monday, May 5th – Friday, May 17th , and the Scholarship event in June 2024, to accept the award letter if selected.

MEDIA RELEASE

If I receive a scholarship award, I hereby give permission to the Henry County NAACP Branch to utilize my/my child’s name, photo or scholarship award in any publicity/marketing materials.

Student	Parent/Guardian	Date
---------	-----------------	------

Refer to the checklist to ensure that the application is complete. Keep a copy for your records.

Submit the entire package emailed no later than May 5, 2024. Email to:

Hcnaacpscholarships2024@gmail.com