



**NAACP**  
*Sebastian County Branch*

## SCHOLARSHIP APPLICATION

The Sebastian County Branch of the NAACP is delighted to announce a scholarship opportunity for graduating seniors who have been accepted full-time into an accredited college/university of choice. The Scholarship recipients will be notified by a committee member no later than April 30th, 2026.

**Applicants must meet the following criteria and submit all together in one packet:**

1. Applicant must be a graduating senior.
2. Applicant must have a minimum of a 2.50 cumulative GPA on a 4.00 scale.
3. Applicant must reside in Sebastian County.
4. Applicant must submit the complete packet postmarked on/before Friday, April 3rd, 2026
5. Scholarship will be awarded during the 1st semester to the institution of your choice. This institution may be academic, technical, or vocational.
6. Applicant must verify a score of 19 or more on the ACT.
7. Applicant must submit three (3) letters of recommendation: 2 from teachers, and 1 from a community person who knows you well (not a relative).
8. School Counselor must complete form verifying applicant's social behavior, attendance, need, cumulative GPA and graduation status.
9. Applicant will submit an essay – must be a maximum of two (2) typed pages, double-spaced, 12 pt. font in Arial or Times New Roman, and submitted on attached sheets. The topic is **“What strategies can people with different political views use to find common ground, and how could you apply those strategies to strengthen understanding and unity in your community?”** All paragraphs should be well-developed and grammatically correct.
10. Applicant should give letters of recommendation outline and envelope so they may seal the document and return to you for your packet to those writing and the school counselor. Let them know that you must have these documents returned to you by **March 20th, 2026**, so you can include them in your packet and postmark by the deadline. These letters and all forms, the application, the essay, and the required documents must be included in the packet before mailing it to the Scholarship Committee.
11. Applicant will be notified for an interview in order to complete the application process after Friday, April 3rd, 2026
12. **REMEMBER:** The complete packet must be postmarked by Friday, April 3rd, 2026. No hand deliveries. Incomplete packets and/or those postmarked after Friday, April 3rd, 2026, will not be considered.

### Further Information

For further information, please contact  
**Ms. Olivia Jennings (479) 799-0756.**  
Remember, the deadline to be postmarked is  
Friday, April 3rd, 2026.

### Mail to

Sebastian Co. Branch of NAACP Scholarship  
Fund  
C/O Ms. Brandi Jennings  
P.O. Box 4713  
Fort Smith, AR 72914



## SCHOLARSHIP APPLICATION

PLEASE PRINT IN BLACK OR BLUE BALL POINT PEN or TYPE

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Mailing Address:	<input type="text"/>	Apt No.	<input type="text"/>
City/State/Zip	<input type="text"/>		
Parent/Guardian	<input type="text"/>	Parent's Phone:	<input type="text"/>
High School:	<input type="text"/>	Date Graduating:	<input type="text"/>
H.S. Address:	<input type="text"/>		

School Involvement (List group or individual school activities in which you are an active member and identify any leadership roles and grade level at the time):

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Community Involvement (List activities outside of school such as your hobbies, interests, and any community service. Identify any leadership roles or responsibilities. Be specific please.):

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Have you received any other scholarships for the upcoming academic year?

☐ Yes ☐ No

If yes, how many scholarships have you been awarded?

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Higher institution you will attend

City/State

My signature indicates that I have completed all information honestly and correctly, and I do understand that my application packet will not be considered if it is not complete and/or if not postmarked by Friday, April 3rd, 2026.

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Applicant's Signature

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Date



## SCHOLARSHIP APPLICATION

### HIGH SCHOOL COUNSELOR'S VERIFICATION FORM

**(The following information will be privy only to the scholarship committee members.)**

*Student must complete only the information in this box before giving form to the counselor.*

I, \_\_\_\_\_, authorize the release of the information requested below for use in my Scholarship Application to the Sebastian County Branch of the NAACP Scholarship.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I am presently a counselor at \_\_\_\_\_

I verify that (student's name) \_\_\_\_\_ is a graduating senior.

His/her cumulative GPA as of the date by my signature is \_\_\_\_\_ on a \_\_\_\_\_ scale.

I would describe his/her overall behavior, general conduct, and respect for authority as

(Check one):    ☐ quality    ☐ good    ☐ noticeably lacking



## SCHOLARSHIP APPLICATION

### HIGH SCHOOL COUNSELOR'S VERIFICATION FORM

**Please share any special accomplishments, concerns and needs.  
(Please be candid)**

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Signature of Counselor

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Date

Please place the completed form in an envelope and seal it before returning it to the applicant. Applicant must have this completed form returned to him / her not later than Friday April 3rd, 2026.