

Submit the completed application along with supporting documents by email to njpalmer87@gmail.com. The required information must be received via email by 11:59 p.m. EST on Friday, February 21, 2025.

PERSONAL DATA				
Full Legal Name:				
Date of Birth:		Gender: ☐ Female ☐ Male		
Street Address:			Apt./Unit:	
City:	State:		Zip Code:	
Home Phone:		Cell Phone:		
Email Address:				
	EDUC	ATION		
High School Name:				
School Street Address:				
City:	State:		Zip Code:	
Expected Graduation Date:				
List all academic awards or honors received in grades 9 through 12:				
List all extracurricular activities that you have participated in during high school. Please indicate positions held, awards received, and dates:				
COLLEGE ACCEPTANCE				
Name of College Selected:				
Street Address:				
City:	State:		Zip Code:	
Acceptance Verified Yes	No	Acceptance Pendi	ng (If pending, please explain)	
How did you hear about the NANBPWC, Inc. Scholarship?		□ School □ Internet	☐ Relative ☐ Other	
Please list any member of your family who is a member of The National Association of Negro Business and Professional Women's Clubs, Incorporated.				
Full Name:		Relationship:		
Full Name:		Relationship:		
SIGNATURES (All signatures below are required)				



Student Signature:	Date:
Parent Signature:	Date: