



Please Type/Print:

Name: _____

Permanent Address: _____

City, State and Zip: _____

Date of Birth _____ Male _____ Female _____

Email: _____

Home/Cell Phone: _____

High School: _____ GPA: _____

Please list the college or university you will be attending:

School semester: (please circle one) Fall 2017 Spring 2018

Are You a Member of the NAACP: (please circle one) Yes No

Membership status: _____

Parent(s)/Guardian Name(s): _____

Are Your Parent(s) Guardian Members of NAACP: (please circle one) Yes No

Membership status: _____ Membership status: _____

Please list sibling names and ages:

_____ NAACP member: (please circle one) Yes No

Membership status: _____

_____ NAACP member: (please circle one) Yes No

Membership status: _____

_____ NAACP member: (please circle one) Yes No

Membership status: _____