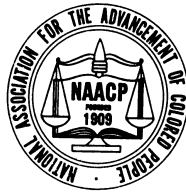


**Mailing Address:**  
PO Box 2622  
Shawnee Mission, KS 66201  
(913) 362-2272 phone  
Email: [NEJCNAACP@SBCGLOBAL.NET](mailto:NEJCNAACP@SBCGLOBAL.NET)



**Street Address:**  
9948 W 87<sup>th</sup> St, Ste A1, 2<sup>nd</sup> Floor  
Overland Park, KS 66212  
(913) 362-2273 fax  
Website: [WWW.JCNAACP.ORG](http://WWW.JCNAACP.ORG)

## **Scholarship Notice**

### **The Michael J. Baker Scholarship Fund of the Johnson County NAACP, A Kansas Not-For Profit Corporation - 503(c) 3; Guidelines Are Listed In This Document.**

Please be advised that the above captioned scholarship fund will award a thousand dollar (\$1,000) scholarship annually to an African-American undergraduate student who demonstrates need and academic promise. The scholarship award will be transmitted from the fund directly to the institution of higher learning. A copy of the scholarship application form is located on the JCNAACP Website, [jcnaacp.org](http://jcnaacp.org) or you may request an application by calling the office at 913-362-2272.

Applications should be received by the JCNAACP Education Committee at the JCNAACP correspondence address listed and postmarked no later than Friday, **December 10th, 2021**. The recipient and the college will be notified by Monday, **January 10th, 2022**.

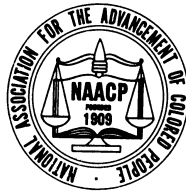
The applicant must be a resident of the Kansas City Metropolitan Area, a United States citizen and of African-American descent.

An awarded recipient must re-apply each year to receive a scholarship the following years. Preference is given to JCNAACP Youth Council Members and ACT-SO participants.

The recipient must agree to inform the JCNAACP Education Committee if he/she withdraws from school or drops credit hours below full- time classification.

If you have any questions, or require any additional documentation, contact JCNAACP at the address or phone number shown above.

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### **Provide the Following:**

1. Attach a sheet with a short narrative showing your financial need. Give dollar amounts of assets, tuition and other costs, student loans, and other financial details.
2. Attach two letters of recommendation from teachers or professors who can attest to your academic performance.
3. Attach transcript of your college grades to date (A photocopy is sufficient).
4. Attach a photograph of yourself or send by email to [nejcnaACP@sbcglobal.net](mailto:nejcnaACP@sbcglobal.net).

### **Application Checklist**

**Mail To: JCNAACP, P.O. Box 2622, Shawnee Mission, Kansas 66201**

Submit each item specified below by the deadline (**December 10th, 2021**):

**1. Application Form:**

One fully completed and signed application form by the applicant.

**2. Financial Information:**

A narrative showing your financial need, your personal budget for the academic year showing available resources, other sources of income, anticipated expenses and other financial details showing need. If student is a dependent, both parent(s) and student must sign financial narrative.

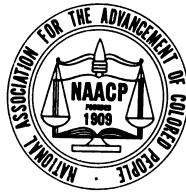
**3. Transcript(s) - Required for All undergraduate coursework.**

**4. Two Letters of Recommendation are required.**

**Please give answers to the following questions in summary form. Use a separate sheet of paper to answer questions.**

1. Write a brief statement about yourself. Include your background, interests, hobbies and any other pertinent information.
2. Describe educational, extracurricular and community service activities in terms of your educational goals.
3. What does a college education mean to you?
4. Describe future educational goals and objectives and how you plan to achieve them.

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## **Johnson County NAACP Michael J. Baker Scholarship Application Form**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number  -  -  School Id Number \_\_\_\_\_

Date of Birth (mm/ dd/ yyyy) \_\_\_\_\_ Male  Female

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Permanent Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Student College Classification: Freshmen  Sophomore  Junior  Senior  Graduate

Grade Point Average \_\_\_\_\_

I am a resident of the Kansas City metro and United States Citizen of African American decent. I agreed to inform the Johnson County NAACP the Michael J. Baker Scholarship funds committee if I withdraw from school or drop credit hours from full time student classification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date