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

NAACP
Johnson County Branch

Street Address:
8826 Santa Fe Drive, Suite 308
Overland Park, KS 66212
(913) 362-2273 fax
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 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 Tuesday**, **September 30, 2025**. The recipient and the college will be notified by **Friday, October 3, 2025**.

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 in 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 they withdraw from school or drop 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.

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.

Application Checklist

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

Submit each item specified below by the deadline **(August 15, 2025)**:

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.**

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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