**A yellow sign with blue letters

AI-generated content may be incorrect.**

**Mecklenburg County NAACP**

**STUDENT APPLICATION**

***Empowering the Next Generation of Leaders***

**Application Fee:** $10.00  
*All races are encouraged to apply.*

**Applicant Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth (DOB):** \_\_\_ / \_\_\_ / \_\_\_\_\_
* **Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

* **Parent/Guardian Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parent/Guardian Email Address(es):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Information**

* **Current School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Grade Level/Year in College:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why do you want to be a part of the Mecklenburg County NAACP Student Program?**

*(Briefly describe your interest and what you hope to gain from this experience.)*

**Payment Information**

A non-refundable application fee of **$10.00** is required. Payment can be made via:  
☐ Cash  
☐ Check (Payable to Mecklenburg County NAACP)

**Applicant Signature:**

I certify that the information provided is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Parent/Guardian Consent (For Applicants Under 18):**

I give permission for my child to apply and participate in the Mecklenburg County NAACP.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_