



Henry O. Flipper Chapter Scholarship in honor of CSM (Ret) Curtis L. Brown Application, Spring, 2027



Name: _____
Last First Middle

Address: _____
Street or P.O. Box City State Zip

Phone: _____ Email: _____

Date of Birth: _____ High School: _____

GPA: _____ Transcript provided: Yes No

Institution you will attend: _____

Major/Minor: _____

Community Organizations: _____

Awards/Honors: _____

Hobbies/Sports: _____

Parent or Guardian: _____
Last First Relation

Email: _____ NAAGA Member? Yes No

Parent or Guardian: _____
Last First Relation

Email: _____ NAAGA Member? Yes No

By submitting this application, I certify that the information provided is true and correct to the best of my knowledge. I understand that the award of this scholarship is governed by the conditions set by the Scholarship Committee of the Henry O. Flipper Chapter of NAAGA.

Print Name of Applicant

Signature of Applicant

Date

Print Name of Sponsor

Signature of Sponsor

Date