Henry O. Flipper Chapter Scholarship Application
Spring, 2026

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***