



**The Cobb County NAACP/Deane Thompson Bonner Empowerment
Scholarship Distribution Form**

First Name _____ Last Name _____

Mailing Address Street _____

City _____ State _____ Zip _____

Telephone Numbers: Home _____ Cell _____

Email Address: _____

I will attend the following school: Fall of 2023 as a Full-time Freshman

School: _____

Address: _____

Phone Number(s): _____

List Proof of Enrollment Documentation: _____

Attach Documentation: _____

Name and Address of parent(s) or legal guardian(s)

Name(s): _____

Mailing Address Street _____

City _____ State _____ Zip _____

I hereby understand that as a scholarship winner for The Cobb County NAACP/Deane Thompson Bonner Empowerment Scholarship, I must provide evidence of enrollment/registration at the post-secondary college/university of my choice before scholarship funds can be awarded.

Signature of Scholarship Applicant

Date
