



National Naval Officers Association

Washington, DC Chapter

*** 2024 Scholarship Awards Program ***



INTRODUCTION

Founded in 1972, the National Naval Officers Association (NNOA) is comprised of officers from the Coast Guard, the Navy, and the Marine Corps – the nation’s Sea Services. NNOA provides professional development and mentoring in an effort to recruit, promote, and retain minority officers in the Sea Services. NNOA seeks to strengthen a diverse officer corps to enhance operational readiness in the Sea Services and has a long history of providing a positive image of the Sea Services in minority communities and educational institutions.

Each year, the Washington, DC Chapter of the NNOA (DCNNOA) awards scholarships starting at \$1,000 to minority youth from the Washington, DC Metropolitan Area based on academic achievement, positive community involvement, commitment, and financial need. Scholarship recipients select their major and attend the college or university of their choice without any obligation to join or affiliate with the military.

INSTRUCTIONS

Students must submit a **COMPLETE** application package (details below) verified by their counselor by **May 24, 2024** in order to be considered for a scholarship. **Submit your application online @ <https://nnoa.org/chapter-dcnnoa/>**. After submitting your online application, you will receive an email confirmation. **Forward your email confirmation to your counselor for verification.** Please e-mail both stephen.b.williams10.civ@us.navy.mil and rab94usa@gmail.com with any questions or issues.

A **COMPLETE** application package consists of:

- Online application submission
- Supporting documents (all attachments must have student last name in each filename):
 - Transcript and/or SAT/ACT score report
 - A listing of extracurricular activities, community service activities, academic honors, and positions of leadership (.doc or .pdf format)
 - Statement of financial need and/or special circumstances/compelling situation (limit 1 page)
 - Two (2) letters of recommendation from school officials or other persons of influence in life, other than relatives, who are in a position to address character, citizenship, and leadership
 - Recent photograph (wallet size, high quality if possible) (cropping a photo ID counts)

NOTE: Students selected to receive a DCNNOA scholarship will be notified directly via telephone call. Please ensure an active telephone number and email are listed for you in your application.

Students selected to receive one of DCNNOA’s scholarships will be announced on this homepage (<https://nnoa.org/chapter-dcnnoa/>). These scholarships are intended to support the recipients during their freshman year of college. Recipients must enroll full-time at a two or four-year accredited college or university for scholarship funds to be deposited with that institution for the recipient’s use. **Enrollment verification must be submitted to reed_michele@ymail.com by August 2024.** **Scholarship funds will not be deposited until the end of August 2024.** The Scholarship Program Chairman is LCDR Stephen Williams, USN (Retired) who can be reached at (703) 695-8664 / (703) 644-2605 / Fax (703) 644-8503 or via email at stephen.b.williams10.civ@us.navy.mil. Please include CDR Rich Borden, USN (Retired) ((757) 769-5700, rab94usa@gmail.com) on all scholarship emails to the Chairman.

**APPLICATION PACKAGES, INCLUDING SUPPORTING DOCUMENTS, MUST BE SUBMITTED BY
MAY 24, 2024**



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Scholarship Application Form

For reference only. Application data must be submitted ONLINE.

PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 United States Code 301, Departmental Regulation. The purpose of the information is to apply for educational financial assistance through the Washington, DC Chapter of the National Naval Officers Association (NNOA) Scholarship Awards Program. Information provided will be used to assess scholastic achievement and financial need. A complete package is mandatory. Failure to provide required (*) information might result in disqualification from participation in the Scholarship Program.

PERSONAL INFORMATION

Applicant's Last Name*		Applicant's First Name*		Applicant's Middle Name (if any)	
Home Address		City		State	Zip
Home Phone Yes No		Cellular Phone * Male Female		Email Address *	
U.S. Citizen or Permanent Resident?* (circle one)		Gender (circle one)		Ethnicity *	
Parent/Guardian's Full Name*		Parent/Guardian's Email*		Parent/Guardian's Cell Phone*	
Parent/Guardian's Full Name		Parent/Guardian's Email		Parent/Guardian's Cell Phone	

HIGH SCHOOL INFORMATION

Name		Phone Number	
Address		City	State Zip

HIGH SCHOOL TRANSCRIPT SUMMARY

From:	To:		
Dates of Attendance*	Cumulative GPA*	Class Rank (if applicable)	Class Size
SAT Math Score	SAT Verbal Score	SAT Writing Score	Test Date
ACT Composite Score	Test Date		
Guidance Counselor's Last Name*	Guidance Counselor's First Name*	Email Address*	
Guidance Counselor's Signature (for verification of application data)			

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ADDITIONAL REQUESTED INFORMATION

Are you an Eagle Scout, currently active in the Boy Scouts? (circle one) ** Note: Proof of Eagle Scout status must be submitted with the scholarship application.	Yes	No
Are you a member of a STEM organization such as NSBE, BDPA, What It Takes, or Patriots Technology Training Center? If yes, list the organizations(s):	Yes	No
Would you be willing to apply for a competitive federal STEM internship?	Yes	No
Are you a member of a Junior Reserve Officer Training Corps program (i.e., NJROTC, NMJROTC etc.)	Yes	No
Do you have a disability? State the disability _____	Yes	No

COLLEGE ENROLLMENT INTENT

EXPECTED MAJOR OR COURSE OF STUDY	PRIMARY	
	SECONDARY	
DO YOU PLAN TO ATTEND AN HBCU? (circle one) ** NOTE: HBCU enrollment must be verified to receive scholarship funds deposit.	Yes	No
DO YOU PLAN TO ENROLL IN AN NROTC UNIT? (circle one) ** NOTE: NROTC enrollment must be verified to receive scholarship funds deposit.	Yes	No

COLLEGES TO WHICH APPLICANT HAS APPLIED

College Name _____	Financial Aid Office Phone Number _____
Financial Aid Office Address _____	City _____ State _____ Zip _____
College Name _____	Financial Aid Office Phone Number _____
Financial Aid Office Address _____	City _____ State _____ Zip _____
College Name _____	Financial Aid Office Phone Number _____
Financial Aid Office Address _____	City _____ State _____ Zip _____

GRADUATING SENIORS AWARDS CEREMONY

School's ceremony point of contact's name:	_____
School's ceremony point of contact's phone number:	_____
School's ceremony point of contact's email address:	_____
Ceremony date (if known):	_____

APPLICANT SIGNATURE (I certify the data provided in this application is true and accurate to the best of my knowledge):

_____ Date: _____

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