

**JAMAL JONES MEMORIAL SICKLE CELL SCHOLARSHIP
(NEUSE PAMLICO SOUND WOMEN'S COALITION, INC.)**

NAME _____

ADDRESS _____

PHONE NUMBER/E-MAIL _____

PARENTS'/ GUARDIANS' NAMES _____

NUMBER IN FAMILY _____

HIGH SCHOOL ATTENDING/ATTENDED _____

DATE OF GRADUATION _____ GPA _____

COLLEGE TO WHICH YOU HAVE BEEN ACCEPTED

*COMMUNITY, CIVIC, CHURCH ACTIVITIES _____

*CAREER GOALS:

ADDITIONAL REQUIREMENTS:

- 1) Submit an essay (no more than one typed page) entitled **“How Sickle Cell has affected my life.”**
- 2) Please attach a letter of acceptance from your college.
- 3) Please attach or have your counselor forward a copy of your high school transcript to:
Neuse-Pamlico Sound Women's Coalition, Inc.
c/o Mit McLean
3812 Windy Trail
New Bern, N.C. 28560

*Please use the back of this page if more room is needed.
