

National Naval Officers Association



Washington, DC Chapter
*** 2025 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 **February 21, 2025** 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 attachment filenames must begin with student last name):
 - 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)
 - Short BIO (Name, Age, Hometown, College you plan to attend w/ Major, future goals/aspirations)

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 2025. Scholarship funds will not be deposited until the end of August 2025. 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.



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Scholarship Application Template 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 INFORMA	TION					
Applicant's Last Name*		Applicant's First Name*		Applic	any)	
Applicant 5 Last Maine		Applicant 5 First Nan	ne"	Applicant's Middle Name (if any)		
Home Address		City		State	Zip	
Home Phone	<u></u>	Cellular Phone *	Email #	Address *	*	
Yes No		Male Fema	ale			
U.S. Citizen or Permanent Resident?	?* (circle one)	Gender (circle one)	Ethnicit	y *		
Parent/Guardian's Full Name*		Parent/Guardian's Er	mail*	Parent	t/Guardian's Cell Phone*	
Parent/Guardian's Full Name		Parent/Guardian's Er	mail	Parent/Guardian's Cell Phone		
Name				Phone Number		
Address		City		State	Zip	
HIGH SCHOOL TRANS	CRIPT SUMM	ARY				
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 A	Address*	
Guidance Counselor's Signature (for	verification of applicatio	n data)				



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ADDITIONAL REQUESTED INFO	RMATION							
Are you an Eagle Scout, currently active in the ** Note: Proof of Eagle Scout status must be s	Yes	No						
Are you a member of a STEM organization suc Technology Training Center? If yes, list the org	Yes	No						
Would you be willing to apply for a competitive	Yes	No						
Are you a member of a Junior Reserve Officer	Yes	No						
Do you have a disability? State the disability	Yes	No						
COLLEGE ENROLLMENT INTEN								
EXPECTED MAJOR OR COURSE OF STUDY	PRIMARY							
	SECONDARY							
DO YOU PLAN TO ATTEND AN HBCU? (circle of ** NOTE: HBCU enrollment must be verified to	Yes	No						
DO YOU PLAN TO ENROLL IN AN NROTC UNIT ** NOTE: NROTC enrollment must be verified to	Yes	No						
COLLEGES TO WHICH APPLICANT HAS APPLIED								
College Name		Financial Aid	Office Phone Nu	mber				
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 Nu	mber				
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 no								
School's ceremony point of contact's email add								
Ceremony date (if known):								
APPLICANT SIGNATURE (I certify the data provided in this application is true and accurate to the best of my knowledge):								
ONLINE SUBMISSIONS ONLYDate:								