



Randallstown

Dr. Barbara Dezmon 2026 Scholarship Application

Randallstown Branch #7032
National Association for the Advancement of Colored People
P.O. Box 1022, 3608 Offutt Road
Randallstown, MD 21133-9988
contact@randnaacp.org

SCHOLARSHIP DESCRIPTION

In honor of Dr. Barbara Dezmon, the Randallstown Branch of the NAACP has established a scholarship fund for high school seniors. Dr. Dezmon served as Executive Assistant to the Deputy Superintendent and Assistant to the Superintendent for Equity and Assurance in Baltimore County Public Schools. Her prior work experience included classroom teaching, administration, professional development, and parent, community, and business relations.

ELIGIBILITY CRITERIA

To be eligible for the scholarship applicants must:

Be a US citizen.

Must be a graduating Senior.

Must live in Baltimore County.

Be accepted to an accredited college (excluding proprietary schools) in the United States.

NAACP membership and participation is highly desirable.

SCHOLARSHIP AMOUNT

One (1) – Scholarship Available – Scholarship Award is \$500

TIMELINE

Please submit all materials by December 31, 2025.

HOW TO APPLY

Complete an official application form. Write a 300 word, double spaced, typed essay, on one of the following topics: **1)** How has your participation in the NAACP influenced you (or influenced your life)? **2)** What role should elected officials play in improving the quality of Life on Liberty Road and/or your community? Send all documents to Randallstown NAACP, Scholarship Committee at contact@randnaacp.org.



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Student's Name _____

Last

First

M.I.

Gender (M/F) _____ Student's Social Security Number _____ - _____ - _____

Home Address _____

Street Address

Apartment / Unit

City

State

ZIP Code

Home Phone _____ Cell Phone _____

Student's Email Address _____ US Citizenship (Y/N) _____

Parent/Guardian Name _____

Last

First

M.I.

Parent/Guardian Email _____

High School Student Attended _____

GPA on 4.0 scale _____ Expected Graduation Date _____

Name of College student will attend _____

Accepted at an accredited college or university (Y/N) _____

Student's NAACP Branch Name _____ NAACP Branch Number _____

Certification

By virtue of signing and submitting an application for a Dr. Barbara Dezmon Scholarship offered by the Randallstown Branch of the NAACP, the applicant certifies that all information presented is truthful to the best of her/his knowledge.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____