JUSTICE BY ACTION SCHOLARSHIP/ GRANT PROGRAM

2026

This program is for financial members of NOBLE New York Chapter
Applicants may only apply for either a scholarship or grant
duplicate applications will be disqualified

Applications DUE: NOV.1, 2026

SCHOLARSHIP:

- Application
- Resume/Bio & Headshot
- One page Career Plan
- Transcript

OR

GRANT:

- Application
- Resume/Bio & Headshot
- One page Career Plan
- Proposal/ Program Plan

scholarship@noblenewyork.org

NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES

REGION ONE: NEW YORK CHAPTER

SCHOLARSHIP APPLICATION

APPLICATIONS DUE: NOVEMBER 1, 2026

INSTRUCTIONS

- Applications MUST be completed and submitted in its entirety via email to no later than **NOVEMBER 1, 2026,** incomplete applications will not be considered. Applications will not be accepted on behalf of others.
- Applicant must be a financial 2026 NOBLE member.
- If applying for **scholarship** applicant must include the following:
  - Application
  - Transcript (Official transcript sealed)
  - Resume/ Bio/ Head-shot
- If applying for a **grant** applicant must include the following:
  - Application
  - Program Plan (should include executive summary, budget, time frame, scope, outcomes)
  - Resume/ Bio/ Head-shot
- Applicant must attend an interview with a NOBLE panel for consideration.

Any questions or concerns can be directed via email to the committee at scholarship@noblenewyork.org.

Late or incomplete applications will not be reviewed.
NO EXCEPTIONS

NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES

REGION ONE: NEW YORK CHAPTER

SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME

PERMANENT ADDRESS	CITY	STATE	ZIP
		NY	

TELEPHONE	E-MAIL

MEMBERSHIP

AGENCY	MEMBERSHIP NUMBER

PLEASE INDICATE THE TYPE OF APPLICATION BEING SUBMITTED

☐ **SCHOLARSHIP**
☐ **GRANT**

I hereby declare and certify that all of the information included in this application is true and complete. I hereby grant permission to NOBLE to verify such information. I understand that any false statements made herein will void this application and disqualifyme. The Scholarships provided will be a one-time award that is non-renewable and non-transferable.

_____

Signature of Applicant **Date**

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NOBLE New York Chapter Member Grant Application

Overview

Project Name	
Project Manager	
Project Dates	Start Date: End Date:
Background	
Objectives	• • •
Target Audience	

If responses require more space than the form allows , use a separate sheet of paper, however please maintain this format with your response.

Project Specifics

Project Scope	
Project Constraints	
Deliverables	• •
Explorations & Decisions	

Project Timeline

Task or Deliverable	*Owner*	*Date Completed*	*Notes*

Conclusion

Project Outcomes	Describe the impact of the project here.