



WESTCHESTER COUNTY (NY) CHAPTER



WESTCHESTER COUNTY (NY) CHAPTER OF THE LINKS, INCORPORATED 2020 SCHOLARSHIP INFORMATION AND REQUIREMENTS

The Westchester County (NY) Chapter of The Links, Incorporated is soliciting applications from eligible students for its 2020 Scholarship Program. Based upon merit and financial need, a limited number (to be determined) of Scholarships will be awarded in amounts ranging from \$500 to \$2,500.

REQUIREMENTS:

Applicant must:

- Attend a Links partner school: New Rochelle High School, Woodlands Middle High School, Mt. Vernon High School
- Be a high school senior with a minimum G.P.A. of 3.0 on a 4.0 scale
- Identify as African American or of African ancestry
- Intend to pursue a Bachelor Degree at an accredited four-year college/university, **or** an Associate Degree at an accredited community college, beginning in the Fall of 2020
- Have performed documented community service while in high school
- Reside in Westchester County, NY

Please note: **Finalists will be interviewed.**

HOW TO APPLY:

Type or print the requested information and mail the entire application by the deadline, **Friday, February 7, 2020**. Your completed application must include the following components and mailed as one packet:

- _____ • Completed application, signed by student and parent/guardian as indicated
- _____ • Personal Statement
- _____ • Two letters of reference on letterhead, if possible
- _____ • Family financial statement, signed by parent or legal guardian
- _____ • Documentation of community service
- _____ • Documentation of any leadership activities
- _____ • Official copies of high school transcript and SAT/ACT, Achievement and AP scores

Mail completed application to:

Westchester County (NY) Chapter of The Links, Incorporated
Attn: Scholarship Committee
P.O. Box 631
White Plains, New York 10606

DEADLINE: Applications MUST BE POSTMARKED by Friday, February 7, 2020
(Mail your complete application packet early. Applications postmarked after **Friday, February 7, 2020** will **not** be considered.)

****NOTE: Westchester County (NY) Chapter of The Links, Incorporated members and their immediate family members are not eligible to participate in this Scholarship Program.**

**WESTCHESTER COUNTY (NY) CHAPTER OF THE LINKS, INCORPORATED
SCHOLARSHIP APPLICATION**

APPLICANT NAME: _____

Last First Middle Initial

ADDRESS: _____

Number Street Apartment

City State Zip Code

MAILING ADDRESS: _____

(if different from above)

Number Street Apartment

City State Zip Code

HOME PHONE #: _____

CELL PHONE #: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

HIGH SCHOOL: _____

Name of school Address

GUIDANCE COUNSELOR: _____

GRADE POINT AVERAGE (GPA): _____

MOTHER/GUARDIAN NAME: _____

MAILING ADDRESS: _____

Number Street Apartment

City State Zip Code

OCCUPATION: _____

BUSINESS ADDRESS: _____

Number Street Apartment

City State Zip Code

HOME PHONE #: _____

CELL PHONE #: _____

WORK PHONE #: _____

FATHER/GUARDIAN NAME: _____

MAILING ADDRESS:

Number Street Apartment

City State Zip Code

OCCUPATION: _____

BUSINESS ADDRESS:

Number Street Apartment

City State Zip Code

HOME PHONE #: _____ **CELL PHONE #:** _____

WORK PHONE #: _____

APPLICANT: ARE YOU OR HAVE YOU BEEN EMPLOYED DURING THE SCHOOL YEAR?

Explain:

APPLICANT: HAVE YOU BEEN EMPLOYED DURING THE SUMMER BREAKS?

Explain:

SIGNATURE: _____

Applicant's Name: _____

BRIEF FINANCIAL STATEMENT

Check Gross Yearly Family Income:

\$0 - \$25,999

\$26,000 - \$40,999

\$41,000 - \$55,999

\$56,000 - \$75,999

\$76,000 - \$99,999

\$100,000 +

How many people in your family currently reside in your home? _____

How many family members in the household are currently attending college? _____

Information provided by:

Parent's/Guardian's Name (Print) _____

Parent's/Guardian's Name (Signature) _____

Applicant's Name: _____

REFERENCES

Applicant must provide two letters from references other than family members (i.e. teacher, counselor, minister, employer). Submit the letters of reference from the adults listed below with the completed application.

1.

Last Name

First Name

Association with Applicant
(teacher, counselor, minister, employer, etc.)

Mailing Address: _____

Daytime Phone#: _____ Evening Phone#: _____

Title/Occupation: _____

How long has this person known you? _____

2.

Last Name

First Name

Association with Applicant
(teacher, counselor, minister, employer, etc.)

Mailing Address: _____

Daytime Phone#: _____ Evening Phone#: _____

Title/Occupation: _____

How long has this person known you? _____

Applicant's Name: _____

PERSONAL STATEMENT

In 250 words or less, type a biographical sketch which **will include your goals for the future and how the public/community service you have performed has impacted your life.** Use a separate sheet of paper and submit in the application packet.

Please complete the following:

The information provided and as contained in the **application packet** is true and correct to the best of my knowledge as evidenced by these signatures:

Applicant's Signature

Date

Parent/Guardian's Signature

Date:

REMINDER: Applications MUST BE POSTMARKED by Friday, February 7, 2020