



## WESTCHESTER COUNTY (NY) CHAPTER



### **WESTCHESTER COUNTY (NY) CHAPTER OF THE LINKS, INCORPORATED 2019 SCHOLARSHIP INFORMATION AND REQUIREMENTS**

The Westchester County (NY) Chapter of The Links, Incorporated is soliciting applications from eligible students for its 2019 Scholarship Program. Based upon merit and financial need, a limited number (to be determined) of Scholarships will be awarded in the amounts of \$2,000 and \$1,000; Book Awards will be in the amount of \$500.

#### **REQUIREMENTS:**

Applicant must:

- Attend a Links partner school: New Rochelle High School, Woodlands 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 2019
- Have performed documented community service while in high school
- Reside in Westchester County

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 1, 2019**. 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 1, 2019**  
(Mail your complete application packet early. Applications postmarked after **Friday, February 1, 2019** 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 the Scholarship Program.**



**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.

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### **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:

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Applicant's Signature

Date

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Parent/Guardian's Signature

Date:

**REMINDER: Applications MUST BE POSTMARKED by Friday, February 1, 2019**