



## WESTCHESTER COUNTY (NY) CHAPTER



### WESTCHESTER COUNTY (NY) CHAPTER OF THE LINKS, INCORPORATED 2021 SCHOLARSHIP INFORMATION AND REQUIREMENTS

The Westchester County (NY) Chapter of The Links, Incorporated is soliciting applications from eligible students for its 2021 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 2021
- 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, **March 31, 2021**. 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 March 31, 2021**

(Mail your complete application packet early. Applications postmarked after **March 31, 2021** 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.**



**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: \_\_\_\_\_

## PERSONAL STATEMENT

In at least 250 words, please describe how the pandemic has impacted your academic, social **and/or** community service activities. We are particularly interested in how you have handled the challenges you faced (and continue to face), what creative strategies you tapped and what you were able to accomplish. You can also describe things the you tried but were unable to fully accomplish.

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 March 31, 2021**

Applicant's Name: \_\_\_\_\_

## REFERENCES

Applicant must provide two letters from references other than family members (i.e. teacher, counselor, minister, employer). The forms at the end of this application provide the information that is requested from the adults you have identified. Submit the letters of reference 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: \_\_\_\_\_

## REFERENCE FORM

**Name:** \_\_\_\_\_

How long have you known this student and in what capacity? Please describe any observed leadership skills.

We understand that your school/organization may have made adjustments due to COVID-19. Please comment on the following:

- 1 - How has this student adapted to these adjustments?
- 2 - How has this student demonstrated resilience?

Applicant's Name: \_\_\_\_\_

## REFERENCE FORM

**Name:** \_\_\_\_\_

How long have you known this student and in what capacity? Please describe any observed leadership skills.

We understand that your school/organization may have made adjustments due to COVID-19. Please comment on the following:

- 1 - How has this student adapted to these adjustments?
- 2 - How has this student demonstrated resilience?