



**THE NATIONAL COALITION OF 100 BLACK WOMEN, INC. SCHOLARSHIP APPLICATION**  
*Students Completing the Scholarship Application must have a Cumulative GPA of 2.75 or higher*

**Section I**

**Name**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Address**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Place of Birth (city/town, state, county) \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Cell Phone # \_\_\_\_\_ Father's E-mail \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Father's Employer \_\_\_\_\_

Father's Employer Address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Cell Phone # \_\_\_\_\_ Mother's Email \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Mother's Employer Address \_\_\_\_\_

Guardian's Full Name \_\_\_\_\_

Guardian's Address \_\_\_\_\_

Guardian's Cell Phone # \_\_\_\_\_ Guardian's Email \_\_\_\_\_

Guardian's relationship to you \_\_\_\_\_

Guardian's Occupation \_\_\_\_\_ Guardian's Employer \_\_\_\_\_

Guardian's Employer's Address \_\_\_\_\_

**Section II**

Applicant's High School / College \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of High School Guidance Counselor \_\_\_\_\_

**Please list any honors and awards you have received.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please list your extracurricular activities.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please list your community service activities.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please state/describe your career goals.**

\_\_\_\_\_

**Please list college(s), including the cities and states, to which you are applying or have applied. Indicate whether or not you've been accepted by placing an asterisk (\*) next to the college(s) where you've received acceptances.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list other scholarship or loan resources to which you have applied.**

\_\_\_\_\_

**Financial Information**

Are you currently employed Yes  No

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Describe your job duties \_\_\_\_\_

Do you plan to work while in college: Yes  No

What are your financial needs in order to attend college?

\_\_\_\_\_

How many people are dependent on the family income? \_\_\_\_\_

Please list their ages and relationship.

\_\_\_\_\_

List any circumstances that you feel are important enough to be considered concerning your financial situation.

\_\_\_\_\_

**TWO REQUIRED ESSAYS:**

**1. WHY ARE YOU THE BEST CANDIDATE FOR THIS SCHOLARSHIP?**

**2. Please choose ONE of the following topics. The essay must be between 250-400 words:**

- A. What do you think our country should do to foster unity?
- B. How has technology impacted student learning?
- C. Choose a book that has affected you deeply and explain why.
- D. Share a project you developed or helped develop to change the community.
- E. Have you ever struggled for something and failed? How did you resolve it?

**Letters of Recommendation (Two required)**

- 1. Letter from Teacher
- 2. Letter from institution where Community Service is performed

## NCBW100 SCHOLARSHIP APPLICATION

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In order to be considered for a NCBW Scholarship, you understand that the following conditions must be met:

1. I must be a New Jersey resident in either Bergen or Passaic County.
2. I must not be related to a member of NCBW Bergen / Passaic
3. I must be a woman of African-American heritage.
4. I must be admitted or enrolled as a full-time matriculated student at an accredited college or university.
5. I must use the scholarship funds for my college related expenses at an approved university or college.
6. If awarded a multi-year scholarship, I must maintain a 3.0 GPA.  
I must submit my grades at the end of each academic year as long as I am receiving a multi-year scholarship.
7. I must agree to be interviewed by the scholarship committee when requested.
8. I understand that failure to comply with this agreement will result in my award being forfeited and returned to NCBW Bergen Passaic.

I Agree Yes  No

By completing this application, I attest that the information which I have provided is true, correct and complete, to the best of my knowledge. I understand that false, misleading or omitted information will result in rejection of my application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**The following must be postmarked by May 18, 2021.**

### SCHOLARSHIP APPLICATION CHECKLIST

- Completed application
- Letters of recommendation
- Official transcript
- GPA, Class rank
- SAT and/or ACT scores
- Senior photograph (photo size : wallet)
- Proof of residency
- Parent signature and date
- Student signature and date

**NATIONAL COALITION OF 100 BLACK Women**  
**Attention: Scholarship Director**  
**492-C Cedar Lane, Suite 124**  
**Teaneck, NJ 07666**