



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

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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 Friday, March 13, 2020.

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