



*Queen City (OH) Chapter of The Links, Incorporated
Achievement Awards*

APPLICATION

Application Deadline is February 22, 2019

The application can be MAILED via United States Postal Service (USPS) or EMAILED.

An application that is mailed must be postmarked by February 22, 2019 to:

**Kandi Staples, Co-chair
Scholarship Committee
Queen City (OH) Chapter of The Links, Incorporated
P. O. Box 126
West Chester, OH 45071-0126**

OR

An emailed application must be submitted by 11:59PM on February 22, 2019 to:

scholarship@queencitylinksinc.org



Queen City (OH) Chapter of The Links, Incorporated Achievement Awards

Background

The Links, Incorporated is an international, not-for-profit corporation, established in 1946. Queen City (OH) Chapter of The Links, Incorporated was chartered in 2005. The chapter has granted scholarships since 2006. In the past, annual scholarships were awarded to exceptional young women in the Princeton City (OH) or Winton Woods (OH) School Districts. Applicants must have demonstrated academic excellence, commitment to community service, and a devotion to personal achievement. For 2019, only members of the CYSO Nouveau Chamber Players and Queen City(OH) Chapter of The Links, Incorporated Girls STEAM Academy are eligible to apply for the achievement awards. Scholarship funds are awarded and raised through our annual Luncheon and Silent Auction event held on the second Saturday in May.

Qualifications

You may write or use a computer to complete the application. If you complete the application via computer, signatures must be scanned in and the document must be emailed to scholarship@queencitylinksinc.org by 11:59 PM on February 22, 2019. You may also print the application and complete it using a black ballpoint pen.

To qualify for an *Achievement Award*, an application must be submitted and the applicants must meet the following guidelines:

- High school graduating seniors who are actively participating in and have met the requirements of membership in the CSYO Nouveau Chamber Players and /or Girls STEAM Academy programs of Queen City(OH) Chapter of The Links, Incorporated
- Black/African American graduating students
- Accepted (or a statement indicating the status of the application) into an accredited university or college
- Demonstrated exemplary community leadership and service
- Achieved a minimum cumulative GPA of 2.5 out of 4.0 or higher
- Validated high school transcript with an official seal confirmed by school official responsible for issuing the transcript or sent from the school official's email address. The official transcript **must include both** the weighted and unweighted GPA.
- Two letters of recommendations are required. One letter MUST BE written by a counselor, principal or teacher. The other letter MUST BE written by a representative of a community or religious organization where the applicant has volunteered. ALL letters must be signed by the writers.

SCHOLARSHIP INTERVIEW

A personal interview is a part of the application process. These interviews will be held March 11, 2019 through March 22, 2019. Applicants will be contacted by phone and emailed with a specific appointment date and time. Application questions should be directed to Kandi Staples at scholarship@queencitylinksinc.org.

Checklist For Completion

To be considered, applicants must submit a complete application package as follows: ___ Application ___ Declaration and Publication Release ___ Essay	___ Official transcript with GPA in a sealed envelope OR emailed by school official issuing the transcript (p.8) ___ Two signed letters of recommendation (one from a counselor, principal, or teacher <u>and</u> one from a community leader (p. 9))
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Please note: Any application MISSING any of the above required items may not be considered as complete.

I. PERSONAL DATA – All Information Is Required

Name:
Last First Middle

Address:
Number & Street City, State Zip Code

Email Address:

DOB: _____ Phone: _____
mm/dd/yyyy xxx-xxx-xxxx

II. ACADEMIC DATA – All Information Is Required

High School:

Address:

Dates Attended: FROM: _____ TO: _____
mm/yyyy mm/yyyy

*Current GPA: _____ out of _____

*Current WGPA: _____ out of _____

***Both GPA and WGPA must be at least 2.5 and above.**

II. ORGANIZATIONAL INVOLVEMENT, HONORS & SPECIAL INTERESTS

1. List the organizational memberships and offices you have held in the school.

Organizations	Office(s) Held
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. List the organizational memberships and offices you have held in the community.

Organizations	Office(s) Held
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. Have you been involved in any Queen City (OH) Chapter of The Links, Incorporated programs in your schools or community? Yes No

If yes, please list:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Did you participate in: CYSO Nouveau Chamber Players
(Check all that apply) Girls STEAM Academy
 Learning, Linking, Leading Program (3-L)

4. List the Honors and Awards you have received.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

II. ORGANIZATIONAL INVOLVEMENT, HONORS & SPECIAL INTERESTS (CONTINUED)

5. List your special interests.

III. WORK EXPERIENCE: List any work experience (Include job title, employer & dates of employment)

1. Employer:
Address:
Job Title:
Dates of Employment: FROM: mm/yyyy TO: mm/yyyy

2. Employer:
Address:
Job Title:
Dates of Employment: FROM: mm/yyyy TO: mm/yyyy

3. Employer:
Address:
Job Title:
Dates of Employment: FROM: mm/yyyy TO: mm/yyyy

IV. EDUCATION PLANS

IMPORTANT – In order of preference, please list the names and addresses of the schools to which you have applied or will be attending for the period in which this assistance is requested. Fully complete the following information concerning your college enrollment plans. Please be sure to include **all estimated costs** to attend these institutions:

	SCHOOL 1	SCHOOL 2	SCHOOL 3
School Name			
School Address			
Status of Application (Accepted, Pending or Rejected)			
Planned Field of Study			
Annual Cost			
Tuition	\$	\$	\$
Room & Board	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$
Academic System: Quarter, Semester or Trimester			

V. FINANCIAL STATUS:

1. Parent(s) or Guardian(s):

Father/Guardian: Last First

Mailing Address: Number & Street City, State Zip Code

Email Address:

Occupation: Occupation Job Title

V. FINANCIAL STATUS: (CONTINUED)

Mother/Guardian:
Last First

Mailing Address:
Number & Street City, State Zip Code

Email Address:

Occupation:
Occupation Job Title

2. List all children dependent upon parental support:

Name	Age	School	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Annual Total FAMILY INCOME: Please indicate your total family income range:

- | | |
|--|---|
| <input type="checkbox"/> \$15,000 and below | <input type="checkbox"/> \$41,000 - \$60,000 |
| <input type="checkbox"/> \$16,000 - \$25,000 | <input type="checkbox"/> \$61,000 - \$80,000 |
| <input type="checkbox"/> \$26,000 - \$40,000 | <input type="checkbox"/> \$81,000 - \$100,000 |
| | <input type="checkbox"/> \$101,000 and above |

4. In the space below, please explain any special circumstances regarding your financial need (i.e. Do you have any special circumstances that would prohibit you from receiving financial assistance from other sources?)

VI. OTHER SCHOLARSHIP/FINANCIAL AWARDS THAT YOU HAVE APPLIED TO AND/OR RECEIVED

Name of Scholarship	Term of Scholarship Award (1-yr., 4-yr., renewable, etc.)	Total Amount of Award	Status
1.			
2.			
3.			
4.			

VII. OFFICIAL TRANSCRIPT

(Please select one)

MAILED

EMAILED FROM SCHOOL OFFICIAL ISSUING
TRANSCRIPT

Please attach an official transcript affixed with an official school seal of your grades in an envelope or emailed from the school official who issues the transcript. **The application is incomplete without the transcript.**

School Official Issuing Transcript Release Information

Name:

Email:

Phone:

XXX-XXX-XXXX

NOTE: Opened transcripts or those not sent from the school official who issues the transcript **WILL NOT** be accepted.

VIII. ESSAY

Write an essay about yourself and what influenced or helped you make the decision to seek higher education after high school. Discuss your short and long term goals and how you plan to serve the community after you finish college.

Attach your essay to your application. The essay must be 500 to 750 words. It must be typed, in 12-font size, single-spaced paragraphs with double spacing between paragraphs. The essay will be rated as part of the application process.

IX. REFERENCES

Two signed letters of reference from individuals who have knowledge of your academic, extra-curricular activities and community service must accompany this application. Letters from relatives are not acceptable.

- **One** from a Counselor, Principal, or Teacher and
- **One** from a Community Leader

List names of reference below

Name:	<input type="text"/>	Occupation:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/> xxx-xxx-xxxx
Name:	<input type="text"/>	Occupation:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/> xxx-xxx-xxxx



DECLARATION

I hereby declare that all of the above statements are true. I have also included with this application the necessary official transcript in a sealed envelope or have arranged for my transcript to be sent to the committee separately from my school's counselor/official issuing the transcript via U.S. mail or their email.

I am willing to appear for a personal interview and to forward any additional information as necessary. I agree to accept the decision of the Scholarship Committee of Queen City (OH) Chapter of The Links, Incorporated.

I also understand that I will have the opportunity to volunteer up to five (5) hours of my personal time to work with Queen City (OH) Chapter of The Links, Incorporated with community service activities. I agree to make myself available to volunteer only when I am not attending classes (i.e. holidays, spring breaks, summer recess). I agree to consider giving my time willingly to these important efforts to help improve my community and to work with members of Queen City (OH) Chapter of The Links, Incorporated.

Signed:

Date:

mm/dd/yyyy

Applicant's Name (Printed):

Parent/Guardian Signature:

Parent/Guardian Name (Printed):

Address:

City:

State:

Zip Code:

Email:

NOTE:

Queen City (OH) Chapter of The Links, Incorporated reserves the right to use the recipient's name, photo, and information for publicity and advertising purposes of the organization. All submitted material becomes the property of Queen City (OH) Chapter of The Links, Incorporated and will not be returned.



PUBLICATION RELEASE FORM

I, the undersigned, hereby grant The Links, Incorporated the irrevocable and unrestricted right to use and publish biographical materials, photographs, quotations, and other relevant materials on and about me, or in which I may be included. These materials may be published in The Links, Incorporated publications, electronic reproductions (websites), and/or promotional materials or for any other purpose and in any manner of medium.

In addition, I grant my permission to The Links, Incorporated to alter the same without restriction; and to copyright the same in their publications.

I hereby release the photographer and The Links, Incorporated from all claims and liability relating to said photographs and other materials.

This agreement shall be binding upon and insure to the benefit of the parties, their successors, assigns and personal representatives.

Signed this day of ,
(Date) (Month) (Year)

Applicant's Name (Printed):

Parent/Guardian Signature:

Parent/Guardian Name (Printed):

Address:

City: State: Zip Code:

Email:

The Links, Incorporated
1200 Massachusetts Avenue, N.W.
Washington, D.C. 20005
Tel: (202) 842 - 8686
Fax: (202) 842 - 4020