



The Erie County Chapter of The Links, Incorporated

Scholarship Application

FOR AFRICAN-AMERICAN HIGH SCHOOL STUDENTS

(Please note that all information must be TYPED or PRINTED CLEARLY and returned with the requested information by March 22, 2019 (postmark date))

Part I: (To be completed by the Student) Email Address: _____

Applicant's Name: _____ Telephone: _____
(Last) (First) (Middle)

Address _____ City _____ Zip Code: _____

Date of Birth _____ Age _____ Sex _____

Parent(s) or Guardian(s) _____

Father's Occupation _____

Mother's Occupation _____

Number of Children in Family _____ Ages _____

Please indicate how many members of your family are presently enrolled in college _____

High School from which you will graduate _____

College you plan to attend (give the address of the school) _____

_____ 2 year school _____ 4 year school _____

Have you applied for Admission? _____ Date of Admission? _____

Date of Acceptance _____ Field in which you may enroll _____

Please list Honors received in High School (scholastic and/or others) _____

High School extracurricular activities/class offices _____

Involvement in Community Service Projects _____

Have you received any other scholarships? (if yes) please list the sources: _____

Part II: Brief Essay- ATTACH a brief typed essay of **not less than 150 words and not more than 250 words**, on the topic: *My Goals In Life And How I Expect A College Education To Help Me Attain These Goals*. Please include your name and address on the page.

References- ATTACH two (2) written references (include one from a teacher)

Please indicate where you obtained this Scholarship Incentive Award Application: _____

Signature _____ **Date** _____

Part III: Academic Report (To be completed by the Counselor or other School Official)

Transcript- Please Include a transcript of the applicant's academic record

Student's Name _____ **GPA** _____

Counselor/School Official's Name _____

High School _____ **Phone #** _____

Address _____

1. Does the applicant have any extraordinary talents (scholastic or otherwise)? If so, please describe _____

2. Does the applicant demonstrate any special qualities of leadership among his or her peers? If possible, please state specific examples. _____

3. Explain why you believe the applicant to be worthy of consideration for scholarship assistance. _____

Date _____ **Signature** _____ **Position** _____

Deadline Date: *postmarked by March 22, 2019*

Send the completed application to:
Andrea D. Mays – EC Scholarship Chair
523 Main Street Suite #106
Buffalo, New York 14203
Contact Number- 716-854-2972