



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 April 13, 2018 (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 April 13, 2018

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