

***NATIONAL COALITION OF 100 BLACK WOMEN, INC.
OAKLAND/BAY AREA CHAPTER***



National Coalition of 100 Black Women, Inc.
Oakland/Bay Area Chapter

***Working Women's
2019 SCHOLARSHIP APPLICATION***

Deadline, Saturday, May 11, 2019

Application must be completed and **RECEIVED** via mail in its entirety
(no exceptions)

Please mail completed applications to:
Scholarship Committee Chairperson
National Coalition of 100 Black Women, Inc. – Oakland/Bay Area Chapter
PO Box 24231
Oakland, CA 94623-1231

Applications are available under Programs at www.onehundredblackwomen.com
Questions about the Scholarship Application process - Email: ncbw100pse@gmail.com

*If awarded a scholarship, you will be expected to attend the
Reception on Saturday, June 22, 2019*

Note: This is a fill-in Application, when you have completed your information, save it to your desktop using your name as a new document. This will allow you to print your application.

NATIONAL COALITION OF 100 BLACK WOMEN, INC. (NCBW)



National Coalition of 100 Black Women, Inc.
Oakland/Bay Area Chapter

2019 WORKING WOMEN'S SCHOLARSHIP APPLICATION

The National Coalition of 100 Black Women (NCBW) Oakland/Bay Area Chapter is accepting applications from working women attending a college, university, or other post-secondary institution of higher learning. Priority will be given to women seeking their first degree. NCBW is a non-profit advocacy organization dedicated to improving the lives of African-American women and girls, and in particular, the Black community in general. The Oakland/Bay Area Chapter accomplishes its mission through education, programs for girls and women, and scholarships.

A complete scholarship application package must be received **via mail** to the scholarship committee no later than **May 11, 2019**. The package consists of a completed scholarship application form, scholarship recommendations forms, school acceptance letter, certification of academic standing and two typed essays. Applicants must also provide documentation of age and financial need.

APPLICATIONS DELIVERED AFTER MAY 11, 2019 WILL BE INELIGIBLE

ELIGIBILITY REQUIREMENTS (*Evidence must be submitted to show that you meet the requirements*)

- Applicant must be 30 years of age or older (provide copy of driver's license or other proof)
- Applicant must be attending an accredited institution of higher learning in the Fall 2019 school term (provide official or certified proof of enrollment). **The school listed in your application must be the school you attend at the time you seek payment of your award. NCBW reserves the right to rescind an award if the school, or any other information provided for payment differs from information provided in the application.**
- Applicant must have a minimum 2.0 cumulative GPA
- Applicant must be working at least on a part-time basis (minimum 15 hours per week)
- Applicant must need financial assistance (provide Student Aid Report, FAFSA documents, 2018 W-2 Form, or other evidence of financial need for 2019/2020 year)
- Applicant must provide at least two recommendations – one from an official of current school and one from the present employer. Applicants who have not been enrolled in school during the past (3) years may submit a recommendation from an organization in which they are involved (religious or otherwise).
- Must be a U.S. Citizen
- Awardees must agree to periodically provide education and career updates to NCBW as requested.

QUALIFYING COMPETITIVE FACTORS

- Write two Essays on the following topics:
 1. What are the 3 biggest challenges facing your community? How would you solve the problems? What are the main impediments to solutions and how would you overcome them?
 2. What are your academic and career goals? How will achieving your goals impact your community?

Failure to address the specified topic disqualifies the essay. Each essay should be from 150 to 250 words, typed and double-spaced. Essays will be rated on content, depth, grammar, organization, and originality.

For this application to be considered complete, all documentation listed above must be included in your mailed application packet.

NOTE: All information provided is subject to verification. Original documents must be presented for review if requested.

**THE ABOVE INFORMATION MUST BE RECEIVED BY DUE DATE, MAY 11, 2019 TO BE CONSIDERED.
ANY APPLICATION THAT IS INCOMPLETE WILL NOT BE CONSIDERED. NO EXCEPTIONS!**

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2019 WORKING WOMEN'S SCHOLARSHIP APPLICATION

APPLICANT INFORMATION (required) (AGE: 30 YEARS OR OLDER)

Last Name		First Name		Middle Initial	
Address		City	State	Zip Code	
()	()			YES	NO
Telephone Number (Home)		(Cell Number)		US Citizen	
E-Mail Address			Date of Birth (*Attach Copy of Driver's License or Other Official Proof of Age)		
Name of Present Employer/Company		Address	City	State	Zip Code
Employer Telephone Number		Name of Supervisor		Dates of Employment	
Current School Attending			School Counselor Name		
School Address		City	State	Zip Code	
GPA (Cumulative)	Major Field of study		Length of program? (# of years)	Year entering in Fall 2019 (1 st , 2 nd , etc)	
School Attending in 2019-2020			Name of School Counselor or Other Contact Person		
2019-2020 School Costs (including tuition, fees, books)			*Attach Copy of FAFSA or Other Documentation of Need		

Household Income (required)

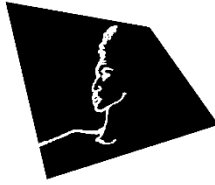
Annual Household Income: Under \$26,000 \$26,001 - \$44,600 \$44,601 - \$64,400 \$64,401 - \$71,300
 \$71,301 - \$89,200 \$89,201 -- \$107,000 \$107,001 & above

Number of dependents in household including applicant:

All information provided on this application and subsequent documents is true and complete to the best of my knowledge. I agree that, if asked to do so, I shall provide proof of the information that I have given on this application. I realize that if I do not provide requested documentation, I will not be considered for a scholarship award.

Signature of Applicant: _____

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2019 WORKING WOMEN'S SCHOLARSHIP APPLICATION
CERTIFICATION OF ACADEMIC STANDING

(Required – School Completes)

Student's Name: _____

School Name & Address: _____

Student's Class Status (e.g. 1st yr. or freshman; 3rd year or junior, etc.) _____

Please complete the following for the student named above:

_____ Is officially enrolled for the 2019-2020 academic years

_____ Is pre-enrolled for the 2019-2020 academic years

_____ Has a Cumulative Grade Point Average of _____
(Please calculate to TWO DECIMAL PLACES)

_____ Other Comments _____

Applicant's Signature _____ Date _____

Signed by: _____ Date: _____
School Counselor/Administrator

Telephone: _____

AFFIX SCHOOL SEAL or provide on official letterhead - Place in sealed envelope. Return to Student

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2019 WORKING WOMEN'S SCHOLARSHIP APPLICATION
(Employer Form)

Please type or print legibly - Place in sealed envelope use letterhead - **(Return to Student)**

Applicant's Name: _____

Number of hours worked/week _____ Number of years with employer _____

This applicant has applied for a NCBW Oakland/Bay Area Chapter Working Women's Scholarship. Please provide a recommendation for this applicant, addressing her work ability, character, and potential, number of hours worked per week, and any other pertinent information you wish to include. (This page may be photocopied or use a blank sheet of paper if additional space is required)

Name of Employer: _____

Recommendation completed by: _____

