

NATIONAL CHARITY LEAGUE, INC.

Poway Chapter

GAYLE KENNEDY MEMORIAL SCHOLARSHIP **INFORMATION SHEET**

NATIONAL CHARITY LEAGUE, INC. is a nonprofit mother/daughter organization dedicated to the initiation and encouragement of charitable endeavors.

The NCL Gayle Kennedy Memorial Scholarship Award is one of our philanthropic efforts to provide qualified senior girls with financial assistance to help further their education.

Eligibility Requirements:

1. Senior girls who have a genuine desire to continue their education may apply.
2. Applicants must:
 - Plan to pursue a career in education
 - Demonstrate an interest in community service
 - Show need of financial assistance
 - Have a GPA of 2.5 or higher
 - Have good moral character
 - Attend a college or university in the United States
 - Submit a National Charity League, Poway Chapter application form
 - Interview with Poway Chapter's Scholarship Committee (finalists only)
3. National Charity League members and their immediate family members are excluded from consideration.

Instructions to Applicants:

1. Applications may be obtained from, and submitted to, the Counseling Center of your respective high school.
2. The deadline for submitting the completed application form to your counselor is **February 28, 2017**.
3. Applicant interviews will be conducted in **March 2017 (exact date pending room availability)**.
4. Scholarship award recipients will be notified the beginning of **May 2017**.

*NATIONAL CHARITY LEAGUE, INC.
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**APPLICATION FOR SCHOLARSHIP GRANT FOR WOMEN
ATTENDING UNITED STATES SCHOOLS OF HIGHER EDUCATION**

All information on this application will be kept confidential

SYNOPSIS

Name _____
 Last First Middle

Home Address _____

Telephone (____) _____ Date of Birth _____

High School _____ Date of Graduation _____

Counselor's Name _____ US Citizenship: Yes _____ No _____

Colleges to which you have applied (circle your first choice):

Your fields of interest _____

Pertinent Information

- ___ GPA (9-12 without PE)
- ___ SAT Scores and/or ___ ACT
- ___ Transcripts
- ___ Plan to attend a 4-year school
- ___ Plan to attend a 2-year/city college

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FAMILY FINANCIAL DATA

I currently live with: Both Parents One Parent Guardian Other

Number of siblings living at home (not including you): _____ Ages: _____

Others currently living in the home: _____ Number now in college: _____

FATHER

MOTHER

Currently working? Yes No

Currently working? Yes No

Occupation _____

Occupation _____

Annual Income _____

Annual Income _____

Other sources of income received or anticipated (check all that apply):

Social Security Permanent Disability Vocational Rehabilitation
 Veteran's Benefits Unemployment Insurance Child Support/Alimony

Is your family receiving AFDC welfare payments? Yes No

Other: _____

Please explain why you need financial assistance and describe any special circumstances affecting your financial situation. Please use the back of this sheet or attach explanation.

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COLLEGE PLANS

Projected college expenses for next year:

Tuition \$ _____ Room & Board \$ _____

Is there anyone else willing to help you with your college expenses? ____ Yes ____ No

RESUME

Please type a formal résumé and be sure to include **ALL** of the following information. Please specify dates and provide complete titles and descriptions related to each category.

- **Academic Record** *including official transcript*
- **Cumulative Academic Grade Point Average**
- **SAT and/or ACT Scores**
- **Honors and Awards**
- **Leadership Positions**
- **Extra Curricular Activities**
- **Community Service/Civic Involvement**
- **Work Experience**
- **Home Responsibilities**

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PLEASE SUBMIT WITH THIS APPLICATION:

1. An autobiographical statement to include a description of how/why you plan to pursue a career in education.

2. Two letters of reference:
 - One from your counselor; if you do not have a counselor, substitute another school administrator.

 - One from any of the following: employer, teacher, minister, or person from the community who knows you well.

PERSONS SUBMITTING REFERENCES ARE ASKED TO INCLUDE THE LENGTH OF TIME THEY HAVE KNOWN THE APPLICANT AND IN WHAT CAPACITY, PERSONALITY TRAITS OF THE APPLICANT, APPLICANT'S ABILITY TO ACCEPT AND CARRY OUT RESPONSIBILITIES, AND ANY OTHER INFORMATION THAT WOULD BE HELPFUL IN CONSIDERING THE APPLICANT FOR THE SCHOLARSHIP AWARD.

Is there any additional information you feel would be helpful to the committee in considering your application? (Use the space below or attach additional information.)

CERTIFICATION

I certify that all statements contained in this application are true and correct and that the applicant is in need of financial assistance.

Applicant's Signature _____

Parent's Signature _____

Date _____