

*Traditional Application*



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**2021 Rising to the Top Scholarship Application**

**Deadline: March 19, 2021**

**National Coalition of 100 Black Women, Inc.  
Southern New Jersey Chapter  
PO Box 4  
Wenonah, NJ 08090**

**NATIONAL COALITION OF 100 BLACK WOMEN, INC.  
SOUTHERN NEW JERSEY CHAPTER  
PO BOX 4  
WENONAH, NJ 08090**



Dear Applicant,

The National Coalition of 100 Black Women, Inc. - Southern New Jersey Chapter presents its annual scholarship application for the graduating class of 2021.

*Our mission is to advocate on behalf of black women and girls to promote leadership development and gender equity in the areas of health, education and economic empowerment.*

We are seeking black females who demonstrate a commitment in working hard toward their educational goals, who participate in community service and demonstrate leadership abilities.

All applications, including letters of recommendation from a school counselor and community service organizations, must be completed and emailed to [ncbwsnjscholarship@gmail.com](mailto:ncbwsnjscholarship@gmail.com) by **March 19, 2021**.

**Late applications will not be accepted.**

**Selected applicants are required to attend a scheduled meeting the week of April 4, 2021.**

**Awardees will be honored at our “Rising to the Top” Awards Ceremony. Additional details will be provided closer to the event.**

Sincerely,

Education Committee  
National Coalition of 100 Black Women, Inc. - Southern New Jersey Chapter

*Marquerite K. Hall, Ed.D.*  
**NCBW~SNJ Chapter**  
President

*Maxine Bagley*  
**NCBW~SNJ Chapter**  
1<sup>st</sup> Vice President of Programs

**NATIONAL COALITION OF 100 BLACK WOMEN, INC.  
SOUTHERN NEW JERSEY CHAPTER  
Scholarship Application**



<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>		
<b>Address:</b>	<b>Apt:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Cellular Number:</b>	<b>Home Phone Number:</b>			
<b>Email Address:</b>				
<b>DOB:</b> ____/____/____				

<b>High School:</b>				
<b>School Address:</b>	<b>City:</b>	<b>State:</b> NJ	<b>Zip:</b>	
<b>GPA:</b>	<b>SAT: (R)</b> _____	<b>(M)</b> _____	<b>(W)</b> _____	<b>ACT:</b> _____
<b>Counselor's Name:</b>	<b>Phone #:</b>		<b>Ext.:</b>	
<b>Counselor's Email Address:</b>				

Please attach the following required documents:

- 1) College acceptance letter
- 2) High School transcript, minimum 3.0 GPA
- 3) High School Counselor recommendation letter
- 4) Honors/Extra-Curricular Activities on a separate sheet
- 5) Letter(s) from Supervisor/Representative of Community Service Organizations verifying services performed and total number of hours served
- 6) Essay: Imagine that in ten years from now, you are asked to be the keynote speaker at your former high school graduation. Write an autobiography to submit to the principal who will introduce you as the keynote speaker (one page typed, double-spaced).

Scan/E-Mail completed application to  
[ncbwsnjscholarship@gmail.com](mailto:ncbwsnjscholarship@gmail.com) by March 19, 2021

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Scholarship Application**



**COMMUNITY SERVICE PROJECTS**

**Applicant's Name** \_\_\_\_\_

**Service Areas:**

**Health**

Drug/Alcohol Abuse  
Teen Pregnancy  
Smoking Prevention  
Hospital Clinic Support  
Other Health Education  
Public Health Activities

**Education**

Literacy  
Tutoring/Mentoring  
Big Brothers/Big Sisters  
ESL Tutoring  
Supporting Out of School Activities  
Promoting Tolerance/Diversity

**Environment**

Community Work  
Community Gardens  
Community Cleanup  
Church Activities

**Safety**

Violence Prevention  
Conflict Resolution  
Bike/Auto Safety

**Fund Raising Activities**

Health Walks  
Marathons  
Collecting/Delivering Donations

**Name of Agency, Club and/or Organization**

\_\_\_\_\_

Location \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Date Service Performed From \_\_\_\_\_ To \_\_\_\_\_

TOTAL Number of Hours Served \_\_\_\_\_

Brief Description of Activity \_\_\_\_\_

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\_\_\_\_\_

*Traditional Application*

**Applicant's Name** \_\_\_\_\_

**Name of Agency, Club and/or Organization**

\_\_\_\_\_

Location \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Date Service Performed From \_\_\_\_\_ To \_\_\_\_\_

TOTAL Number of Hours Served \_\_\_\_\_

Brief Description of Activity \_\_\_\_\_

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**Name of Agency, Club and/or Organization**

\_\_\_\_\_

Location \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Date Service Performed From \_\_\_\_\_ To \_\_\_\_\_

TOTAL Number of Hours Served \_\_\_\_\_

Brief Description of Activity \_\_\_\_\_

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You can add additional pages if you have more service activities