

*Non-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 non-traditional black female candidates.

*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, participate in community service and exhibit strong leadership abilities. To meet our scholarship award criteria, you must be a single parent (at least 19 years of age), enrolled in a two or four-year college/university or technical school and have a minimum 3.0 GPA.

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 will be required to attend a 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>College/University/Technical School:</b>			
<b>School Address:</b>	<b>City:</b>	<b>State:</b> NJ	<b>Zip:</b>
<b>GPA:</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/University/Technical School transcript, minimum 3.0 GPA
- 2) College/University/Technical School Counselor recommendation letter
- 3) Honors/Extra-Curricular Activities on a separate sheet
- 4) Letter(s) from Supervisor/Representative of Community Service Organizations verifying services performed and total number of hours served
- 5) Essay: Imagine that in ten years from now, you are asked to be the keynote speaker for a group of non-traditional students about to enter college. Write a speech on what motivated you to pursue your college degree and how you stayed committed to your goals (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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**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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\_\_\_\_\_

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

*Non-Traditional Application*

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

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

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

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

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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