



# National Congress of Black Women, Inc. Kansas City Chapter

## NCBW-Kansas City Scholarship 2019

### Scholarship Eligibility Criteria

Two non-renewable scholarships will be awarded by the chapter to one high school senior and one adult/non-traditional student annually as funds permit.

To be eligible to receive an NCBW-KC scholarship applicants must meet the following criteria:

- Resident of Jackson County, Missouri
- Minimum cumulative grade point average (GPA) of 2.5 on a 4.0 scale;
- High school senior (enrolling in college in Fall 2020) or
  - Non-traditional adult student (age 24 or older) enrolling in college in Spring 2020 or Fall 2020
- Demonstrates financial need/Low Income\*  
*\*If you are selected as a scholarship recipient, we may require you to submit documents verifying your income.*

### Required Documents

(All documents must be received by the deadline.  
Incomplete or late application materials will not be considered)

- Completed application
- One letter of recommendation from a teacher, advisor, employer, or community member
- High school or college transcript
- Personal Essay (500 words maximum) addressing the following questions:
  - Why do you feel you should receive the NCBW scholarship?
  - What are your academic and career goals?
  - How will the scholarship help you achieve your goals?

### Deadline:

Applications must be emailed or postmarked by **Monday, September 16, 2019**

Please send all applications and documents to: [scholarship@ncbwkansascity.org](mailto:scholarship@ncbwkansascity.org)

OR

NCBW – Kansas City  
Attn: Scholarship Committee  
3125 Gillham Plaza  
Kansas City, MO 64109

### **Questions?**

Please email scholarship committee at [scholarship@ncbwkansascity.org](mailto:scholarship@ncbwkansascity.org)



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Kansas City Chapter

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**SECTION I – PERSONAL INFORMATION**

\_\_\_\_\_ I am a current high school senior applicant

\_\_\_\_\_ I am a non-traditional//adult applicant

APPLICANT LAST NAME:

APPLICANT MIDDLE INITIAL:

APPLICANT FIRST NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

PHONE:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

HIGH SCHOOL APPLICANT PARENT/LEGAL GUARDIAN INFORMATION

MOTHER/GUARDIAN LAST NAME:

MOTHER/GUARDIAN FIRST NAME:

EMAIL:

PHONE:

FATHER/GUARDIAN LAST NAME:

FATHER/GUARDIAN FIRST NAME:

EMAIL:

PHONE:



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### SECTION II – EDUCATIONAL INFORMATION

*(If you are not currently taking classes at a high school or college, please leave this section blank and skip to section III)*

HIGH SCHOOL OR COLLEGE CURRENTLY ATTENDING:

ADDRESS:

CITY:

STATE:

ZIP:

CUMULATIVE GRADE POINT AVERAGE (GPA) (On a 4.0 Scale):

EXPECTED GRADUATION DATE:

#OF CREDIT HOURS COMPLETED:  
(Current college students only)

HIGH SCHOOL COUNSELOR/COLLEGE ADVISOR NAME:

EMAIL:

PHONE:

### SECTION III – FUTURE EDUCATIONAL GOALS

NAME OF COLLEGE YOU PLAN TO ATTEND:

CITY:

STATE:

ZIP:

MONTH/YEAR YOU PLAN TO ENROLL:

INTENDED COLLEGE MAJOR

### SECTION IV – FINANCIAL NEED

NUMBER OF PEOPLE IN HOUSEHOLD:

ADJUSTED GROSS INCOME (2018):

EMPLOYMENT  
STATUS

\_\_\_ FULL-TIME

\_\_\_ PART-TIME

\_\_\_ UNEMPLOYED

\* Household Size includes student, student's parents (if student is under the age of 24)  
and any children/dependents

\*\*Adjusted Gross Income is listed on the 1040 tax forms submitted to the IRS.

APPLICANT SIGNATURE

DATE