



Application Due NO LATER THAN March 31, 2024

Since 1979, the Cosmopolitan Women's Club has offered High School Scholarships to local students. The scholarship is based on academic excellence. It is open to **African-American (Black)** students who reside in Chemung and Steuben Counties and attend either a public, private, parochial, or vocational high school. **Both males and females who meet the requirements below are invited to apply.** Scholarship award recipients must attend the recognition event on **June 9, 2024**, or send a representative to avoid forfeiture of the award. Special circumstances will be considered. We will include in the notification message if it is an in-person or virtual event.

Student Eligibility Requirements:

- Reside in either **Chemung or Steuben County**.
- Maintain an **80.0 average** as evidenced by a school transcript or other official school document. This document should reflect the overall average as of the end of **Semester 1**.
- Submit evidence in the fall that he/she is enrolled in an **academic or vocational** institution.
- Is an **African-American (Black)** student.
- Submit an application package via email or postmarked no later than **Sunday, March 31, 2024**.

Application Package Check List:

- ☐ Official high school transcript or other official school document that reflects your average as of Semester 1 (Your school guidance counselor may send this document directly to us or you may submit it with your package.)
- ☐ Typed essay in 12 or 14 font with a maximum of 2 pages front to back
 - Essay contents should include:
 - A brief introduction about you and your desires to pursue higher education
 - Financial and social hardships, if any, that might impede your pursuits of higher education
 - A family member, mentor, or work/activity experience that has been influential in your life
- ☐ Signed Media Release Form and Scholarship Tracking Disclaimer
- ☐ Scanned senior photo or a comparable photo that is emailed to committee

Please keep this page for future reference. It is important that you follow ALL instructions and send in all of the information or you will forfeit your scholarship.

Please email the contents of your application to:

Email applications to: Mrs. Monica Bankston, MLBankston1@gmail.com (770) 714-4603



Background Information

Student's Name: _____

Address: _____

City/State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Names of Parent(s) or Guardian(s):

Mother: _____

Highest Level of Education: (check one)

☐ Some High School ☐ Some College
☐ High School Diploma/GED ☐ Baccalaureate or higher

Father: _____

Highest Level of Education: (check one)

☐ Some High School ☐ Some College
☐ High School Diploma/GED ☐ Baccalaureate or higher

Parent's Cell Phone: _____

Parent's Email: _____

Other children in household: (Please Write Below)

Name	Age	Grade

Don't forget to include
a photo with your
application!

Date of Birth: ____/____/____

Gender: _____

Ethnic Background:

☐ African American ☐ Asian American
☐ Caucasian ☐ Hispanic/Latino
☐ Other _____

Family Income:

_____ \$24,000 or below _____ \$75,000-\$99,000
_____ \$25,000-\$49,000 _____ \$100,000- \$125,000
_____ \$50,000-\$74,000 _____ \$126,000 or above

Current High School:

☐ Corning- Painted Post HS
☐ Elmira HS
☐ Thomas Edison HS
☐ Haverling HS

School Guidance Counselor: _____

School Guidance Counselor phone & email address: _____

☐ Horseheads HS
☐ Notre Dame HS
☐ Other _____

GPA: _____

Is your transcript included with this application?

☐ Yes ☐ No

* Guidance Counselor may mail a sealed transcript to our organization OR it may be submitted electronically.

College Plans:

College or University accepted to or expected to attend: _____

Main campus phone number: _____

School & Community Activities and Employment History

Please list the activities in which you have participated during the last three years. For example, please include school clubs, student government, publications, varsity clubs or sports, theater, scouting, etc.

Activity

Date of Participation

Please list community agencies or organizations in which you have participated (volunteered) during the last three years. This may include religious groups, hospital volunteer activities, cultural activities, outreach programs, etc.

Name of Agency or Organization

Kind of Activity

Date of Participation

Please list your employment experience if any. This may include employment during the school year, summer. It can be part-time or full-time employment.

Employer

Period of Employment

☐ Full Time
☐ Summer

☐ Part Time
☐ School Year

☐ Full Time
☐ Summer

☐ Part Time
☐ School Year

☐ Full Time
☐ Summer

☐ Part Time
☐ School Year

Media Release

Please include this document with your application and make sure that both you and your parent/guardian sign your application.

I hereby consent to the use of any photographs/video taken of my child by the Cosmopolitan Women's Club, Inc. or their designee(s). The photos or videos may be used on the Cosmopolitan Women's Club website or publication. From time to time representatives of the news media are invited to cover our events. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story. **Please mark one of the choices below and return with your application.**

____ Yes, I allow my child/children to be identified in photographs or videotape when appropriate.

____ No, I do not want my child/children identified in photographs or videotape when appropriate.

Tracking Disclaimer

____ I am aware that the personal information collected from this application will be used solely for the purpose of reviewing the qualifications for, and the disbursement of the scholarship funds given by the Cosmopolitan Women's Club and its benefactors. In accepting a scholarship award, a recipient also agrees to receive follow-up contact by an authorized representative of the Cosmopolitan Women's Club for the purpose of collecting data on how disbursed funds have been utilized. This information will be collected within a one-year period (of receipt of funds) and will be used to evaluate and measure the success of our efforts and stated organizational goals.

Student Name: _____ **(PLEASE PRINT)**

Student Signature: _____

Parent or Guardian: _____

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Sunday, March 31, 2024**

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