To Counselor:/Youth Director:

The Greater Kansas City Club of the National Association of Negro Business and Professional Women's Clubs, Inc. is a non-profit community service organization which was founded in 1935. Our mission is to implement programs, seminars, workshops, and charitable activities that will benefit our community. A key component of our charter is to implement and carry out a program of scholarships whereby aspiring young students will be encouraged to pursue higher education.

Enclosed is a copy of the scholarship application form and criteria. We ask that you share this information with your students seeking financial assistance and help in beginning their studies. Please feel free to make copies as needed. Applications must be completed and received by March 15, 2016 to be considered.

For further information please contact:

Linda E. Watkins 7412 Paseo Ave. Kansas City, Missouri 64131 (816) 363-6667

THE GREATER KANSAS CITY CLUB OF THE NATIONAL ASSOCIATION OF NEGRO BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.

SCHOLARSHIP ANNOUNCEMENT

ELIGIBILITY CRITERIA:

All applicants must fulfill the following eligibility criteria:

- 1.Be a high school graduating senior.
- 2. Have at least a 2.5 cumulative grade point average.

SELECTION CRITERIA:

All applicants will be judged on the following:

- 1. School and Community Activities
- 2. Special Needs
- 3. Evidence of Leadership and Character

AWARD RECIPIENT REQUIREMENTS

- 1. Two letters of recommendation
- 2. (3x5) photograph
- 3. An official high school transcript
- 4. Completed counselor form

The following information must be typed in a resume format (Goals, Community Service Activities, School Activities and Awards of Recognition, and Special Needs).

APPLICATION MUST BE RECEIVED March 15, 2016

THE GREATER KANSAS CITY CLUB OF THE NATIONAL ASSOCIATION OF NEGRO BUSINESS AND PROFESSIONAL WOMEN'S CLUB INC. Scholarship Application

Name					Date	
Last		First	MI		***	
Address				_ Phone#		
Street	City	State	Zip			
School Attending	· ·					
Mother's Name						
Father's Name						

APPLICATION MUST BE RECEIVED BY March 15, 2016

STUDENT'S EDUCATION INFORMATION

(This form is to be completed by the High School Guidance Counselor.) Please ensure that the student is provided an <u>OFFICIAL TRANSCRIPT</u> which must be attached to his/her application for the scholarship.

Student's Cumulative Grade Point Aver	rage	
	Class Size	Rank
	SAT Score	ACT Score
Student's Overall Test Score	(Math	Verbal)
Semester Ending Date		
Counselor's Name		
Name of School		
Address		
City, State, Zip		
In your opinion is the student serious at	bout and focused on l	nis/her education?
Yes	No	

Please elaborate and share anything else that might help in evaluating the student.

The following information should be typed in resume format.

NAME ADDRESS PHONE NUMBER

GOALS/CAREER PLANS

LEADERSHIP

COMMUNITY SERVICE ACTIVITIES

SCHOOL ACTIVITIES AND AWARDS

Write a paragraph explaining why you should be selected to receive this scholarship.