



**\*Please review your package before forwarding or mailing application package\*.**

## **Requirements**

**Applicants must meet the following Criteria:**

- 1. Must be recommended by school staff.**
- 2. Must have a cumulative GPA of at least 2.5**
- 3. Must be a graduating high-school senior**
- 4. Must be accepted into an accredited university or college**
- 5. Must have demonstrated a willingness to make a positive contribution to their community**

**A complete application MUST Include:**

- A brief essay addressing one of the given topics**
- An attached photo (senior picture or headshot preferred)**
- An official high-school transcript**
- One letter from a person on staff at your high-school**
- One letter from a person outside of your high-school (cannot be a relative of the applicant)**

***\*Application Deadline: Postmarked no later than Friday, March 15, 2024\****

***\*The recipient will be notified April 15, 2024\****

**Submit application to: *The Danville (VA) Chapter of The Links, Incorporated*  
*ATTN: Lisa A. Winstead, 1404 North Main Street, South Boston VA 24592 or*  
*Barbara Brown, 131 Hickory Drive, Blairs, VA 24527***

**OR**

**You may email the application with a timestamp of No Later than 11:59 p.m. March 15, 2024. Please put "Links Scholarship" in the subject line. E-mail your application to:**

**[Lisasykes6@yahoo.com](mailto:Lisasykes6@yahoo.com) or [barbara2.brown2@gmail.com](mailto:barbara2.brown2@gmail.com)**

PLEASE PRINT LEGIBLY

**I. PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_ Gender \_\_\_\_\_

**II. PARENT/GUARDIAN INFORMATION**

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address/Phone (If different from above) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address/Phone (If different from above) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address/Phone (If different from above) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_

**III. FINANCIAL INFORMATION**

Total Number of Sisters \_\_\_\_\_ Ages of sisters \_\_\_\_\_ Number currently attending college \_\_\_\_\_

Total Number of Brothers \_\_\_\_\_ Ages of brothers \_\_\_\_\_ Number currently attending college \_\_\_\_\_

Total Amount of Household Income: \_\_\_\_\_

#### IV. EDUCATIONAL INFORMATION

Name of High School \_\_\_\_\_

School Address \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Class Rank \_\_\_\_\_

#### Record of Participation in Extracurricular Activities

##### High School Clubs, Organizations, Sports & Activities

Organization or Sport	Office/Position Held	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>

##### Honors, Recognitions, and Awards Received

Award Received	Awarded By

##### Community Clubs, Organizations, & Activities

(List office/position held, awards, community volunteer service, etc.)

Organization, Activity or Award	Service Hours Received


\*(You may attach additional typed pages for these sections if necessary) \*

**College/University Information**

College(s) and/or Universities to which you have been accepted:

Name of College	Status of Application – In progress or Accepted

College or University you plan to attend: \_\_\_\_\_

Your anticipated major: \_\_\_\_\_

**Brief Essay**

Submit a one-paged, typed response (12-point font, double spaced)-addressing one of the following prompts:

1. If you had the authority to change your school in a positive way, what specific changes would you make?
2. Describe how you have demonstrated leadership ability both in and out of school.
3. Discuss some of the positive and negative impacts cellphones have had on society.
4. Describe yourself, your values, your future career goals, examples of how you've given back in your community and lastly your thoughts on how you will best make a positive difference in our world today.

**REFERENCE LETTERS**

A letter from each adult listed below must be included in your application package. You are required to submit at least two references. Please have individuals validate your accomplishments. **REFERENCES MAY NOT BE WRITTEN BY THE APPLICANT, HIS/HER PARENT/LEGAL GUARDIAN (S) OR ANYONE UNDER 21 YEARS OF AGE.**

At least one telephone number must be included for each reference. (Teacher, Guidance Counselor, Principal, Community Leader).

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 (Prefix) Mr., Mrs., Ms., Dr.) Relationship to Student: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 (Prefix) Mr., Mrs., Ms., Dr.) Relationship to Student: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

**\*SPECIAL AGREEMENT:**

My signature (and Parent) below indicates my agreement to permit the use of my name, photo and information as contained in this application packet for community informational purposes for The Danville (VA) Chapter of The Links, Incorporated Scholarship Program without further compensation, liability or notification.

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Applicant Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed/Guardian Parent Name:** \_\_\_\_\_

**V. CERTIFICATION**

*In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. Also, I understand all aspects of this application, including eligibility requirements and award amounts. Falsification of information will result in termination of any scholarship/award granted. If the award has already been released, a refund from the recipient will be requested. All information submitted with the Application Packet becomes the sole property of The Danville (VA) Chapter of The Links, Incorporated.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*Application Deadline: Postmarked no later than Friday, March 15, 2024\**

*\*The scholarship recipient will be notified April 15, 2024.*

**Submit application to:**

*The Links, Incorporated - Danville (VA) Chapter*

**ATTN:** *Lisa A. Winstead*

*1404 North Main Street, South Boston, VA 24592 or*

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Email to: [lisasykes6@yahoo.com](mailto:lisasykes6@yahoo.com) or [barbara2.brown2@gmail.com](mailto:barbara2.brown2@gmail.com)

Committee Use Only

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time if emailed \_\_\_\_\_

Application complete? \_\_\_\_\_ Essay \_\_\_\_\_ Transcripts \_\_\_\_\_

References \_\_\_\_\_

Photo \_\_\_\_\_

Results \_\_\_\_\_