

WESTCHESTER COUNTY (NY) CHAPTER



WESTCHESTER COUNTY (NY) CHAPTER OF THE LINKS, INCORPORATED 2026 SCHOLARSHIP INFORMATION AND REQUIREMENTS

The Westchester County (NY) Chapter of The Links, Incorporated is accepting applications from eligible students for its 2026 scholarship program. Based upon merit and financial need, a limited number (to be determined) of scholarships will be awarded in amounts ranging from \$500 to \$2,500. Scholarship awardees will receive a one-time scholarship to assist with educational expenses for the 2026-2027 academic year.

APPLICANT REQUIREMENTS:

- Attend a Westchester County (NY) Links partner school.
- A high school senior with a minimum G.P.A. of 3.0 on a 4.0 scale
- Identify as African American or of African ancestry
- Applied to or intend to pursue a bachelor's degree at an accredited four-year college/university, or an associate degree at an accredited community college, beginning in the Fall of 2026
- Performed documented community service while in high school
- Reside in Westchester County, NY

Note: All Finalists will be interviewed.

HOW TO APPLY:

Submit your completed application to the email or postal mail address below by the deadline, **Tuesday**, **April** 7, 2026. Handwritten applications will not be accepted.

All completed applications must include the following components and mailed or emailed as one packet:

 Completed application, signed by student and parent/guardian as indicated
 Personal Statement
 Two letters of reference on letterhead
 Family financial statement, signed by parent or legal guardian
 Documentation of community service
 Documentation of any leadership activities
 Official copies of high school transcript
 SAT/ACT, Achievement and AP scores, if any
 Email packet to: WESTCHESTERCOUNTYNYLINKS@GMAIL.COM

Mail completed application to: Westchester County (NY) Chapter of The Links, Incorporated

Attn: Scholarship Committee

P.O. Box 631

White Plains, New York 10602

DEADLINE: Applications MUST BE POSTMARKED by Tuesday, April 7, 2026

(Mail your complete application packet early. Applications postmarked after **April 7, 2026** will **not** be considered.)

**NOTE: Westchester County (NY) Chapter of The Links, Incorporated members and their immediate family members are not eligible to participate in this Scholarship Program.

WESTCHESTER COUNTY (NY) CHAPTER OF THE LINKS, INCORPORATED SCHOLARSHIP APPLICATION

APPLICANT NAME: Las		First	Middle Initial
ADDRESS: House Number	Street Name		A VI VI
House Number	Street Name		Apartment Number
City		State	Zip Code
MAILING ADDRESS:			
MAILING ADDRESS: (if different from above)	House Number	Street Name	Apartment Number
City		State	Zip Code
HOME PHONE #:		CELL PHONE #:	
E-MAIL ADDRESS:			
HIGH SCHOOL: Name of	f School	Address	
SCHOOL COUNSELOR: _			
DATE OF BIRTH:		GRADE POINT AV	ERAGE (GPA):
		_	
FAMILY INFORMATION			
MOTHER/CHARDIAN NA	MF.		
MAILING ADDRESS:			
NU	mber Street	Apartment	
City		State	Zip Code
·			•
OCCUPATION:			
BUSINESS ADDRESS:	mber Street	Apartment	
INU.	mooi Succi	Apartiiciit	
City		State	Zip Code
HOME PH#:	CELL PH#	: WO	ORK PH#:

FATHER/GUA	ARDIAN NAME:			
MAILING AD	DRESS:			
	Number	Street	Apartment	
_	City		State	Zip Code
OCCUPATIO	N:			
BUSINESS AD	Number	Street	Apartment	
_	City		State	Zip Code
HOME PH#:		CELL PH#:	WOF	RK PH#:
SCHOOL YE If yes, where?				
APPLICANT If yes, where?		EN EMPLOYED DUI	RING THE SUMMER	R BREAKS?
ii yes, where:	•			
OLON A THE	,			
SIGNATURE	٠.			

Applicant's Name:			
	HOUSEHOLD FINA	NCIAL STATEMENT	
Check Gross Yearly Famil	y Income:		
□\$0 - \$25,999 \$56,000 - \$75,999	\$26,000 - \$40,999 \$76,000 - \$99,999	\$41,000 - \$55,999 \$100,000 +	
	r family currently reside in your	home?ly attending college?	_
Information provided by:			
Parent's/Guardian's Nam	ne (Print)		

Parent's/Guardian's Name (Signature)

Applicant's Name:		
	PERSONAL STATEMENT	
	graphical sketch which will include your goals for the future and how the nave performed has impacted your life. Use a separate sheet of paper and subm	it
****	*******	
Please complete the following:		
The information provided and a knowledge as evidenced by thes	contained in the application packet is true and correct to the best of my e signatures:	
Applicant's Signature	Date	
Parent/Guardian's Signature	Date:	
REMINDER: Annlie	tions MUST BE POSTMARKED by Tuesday, April 7,	
main vert. Applica	dono moor per commitment by ruesday, mpm /,	

REFERENCES			
	rms at the end of this a	application provide the	abers (i.e., teacher, coach, counselor, e information that is requested from completed application.
1.			
1. Last Name	First Name		Association with Applicant (teacher, counselor, minister, employer, etc.)
Mailing Address:			
Daytime Phone#:		Evening Phone#:	
Title/Occupation:			
How long has this person kn	own you?		
2.			
Last Name	First Name		Association with Applicant (teacher, counselor, minister, employer, etc.)
Mailing Address:			
Daytime Phone#:		Evening Phone#:	
Title/Occupation:			

How long has this person known you?

Applicant's Name:_____

Applicant's Name:
To Be Completed by Applicant's Reference and submitted on official letterhead:
How long have you known this student and in what capacity? Please describe any observed leadership skills and known community service activities.
Provide two additional reasons why this student should be considered for a scholarship award.

Applicant's Name:
To Be Completed by Applicant's Reference and submitted on official letterhead:
How long have you known this student and in what capacity? Please describe any observed leadership skills and known community service activities.
Provide two additional reasons why this student should be considered for a scholarship award.