National Charity League, Inc., Whittier Chapter

To: Directors of College Scholarship Information

From: National Charity League, Inc., Whittier Chapter
Megan Carter and Barbara Castillo
2020 Scholarship Co-Chairs

Re: Women's Scholarship Awards

We are pleased to distribute scholarship applications to women who are at least 25 years of age, have a financial need, and reside within the National Charity League, Inc., Whittier Chapter boundaries of Whittier, La Habra, La Habra Heights, La Mirada, or Hacienda Heights.

Please post announcements about our scholarship in your bulletin and encourage your students to submit an application.

The completed applications must be emailed to NCLWhittierScholarship@gmail.com not later than Friday, February 28, 2020. Finalists must attend a personal interview on Monday, March 16, 2020 or Tuesday, March 17, 2020. Recipients must attend the Scholarship Awards Presentation on Monday, April 27, 2020. Recipients will be notified in advance.

Please feel free to make additional copies of the application, as needed.

The National Charity League, Inc., Whittier Chapter is comprised of approximately 200 mothers and their daughters who are in grades 7-12. Our members are not eligible to apply for the scholarships.

We appreciate and thank you for your assistance as we award these scholarship funds to worthy candidates. If you have any questions, please do not hesitate to email or call Megan (562) 201-9065 (mecarter@stmarks.ws) or Barbara (562) 477-0166 (bcastiillo@jsd.org).

Best Regards
Megan Carter and Barbara Castillo
NCL, Inc., Whittier Chapter
Co-Chairpersons
2020 Scholarship Committee
National Charity League, Inc., Whittier Chapter  
2020 Women’s Scholarship Guidelines & Application

The selection of the recipients of the scholarship award will be determined by the National Charity League, Inc., Whittier Chapter Scholarship Committee.

The selection will be judged on the basis of academic achievement, personal character, and financial need.

The criteria for application for the National Charity League, Inc. Whittier Chapter Scholarship Award are as follows:

Applicant must:
- Be female and a U.S. Resident.
- Be at least 25 years of age. Proof must be submitted with application.
- Have a financial need.
- Be a registered student and have attended one semester at any community college or four-year university. A copy of registration must be submitted.
- Have achieved and maintained a 2.5 grade point average. A copy of the transcript must be submitted.
- Live within the boundaries of National Charity League, Inc., Whittier Chapter. (Whittier, Hacienda Heights, La Habra, La Habra Heights, or La Mirada) Proof of residency must be submitted.
- Submit two separate letters of recommendation from current supervisors, instructors, or leaders from the applicant’s employer, school, or place of worship.

Application must be:
- Complete and include all required information to be valid.
- Email to NCLWhittierScholarship@gmail.com not later than Friday, February 28, 2020.

Additional dates:
- Finalists must attend a personal interview on Monday, March 16, 2020 or Tuesday, March 17, 2020.
- Recipients are required to attend the Scholarship Awards Presentation on Monday, April 27, 2020.
- Recipients will be notified in advance.

Questions or concerns regarding the application should be directed to the Scholarship Chairperson as soon as possible, via email address above.

Applicant may be disqualified for consideration of the award due to any unsolicited contact of any member of the Scholarship Committee, or any officer of the National Charity League, Inc., Whittier Chapter, in an attempt to discuss, persuade, dissuade, influence or otherwise affect the outcome of the selection process. Disqualification may also be due to any acts, actions, written or verbal, by any other person who acts on behalf or in the interest of the applicant.

National Charity League, Inc., Whittier Chapter, reserves the right to withdraw, reassign, or alter any selection criteria of this award for any reason, at any time.

Megan Carter and Barbara Castillo  
NCL Scholarship Co-Chairs, 2020  
NCLWhittierScholarship@gmail.com
20120 Women's Scholarship Application

Please completely fill out application. Incomplete applications will be disqualified.

PERSONAL INFORMATION:

Full Name _______________________________ Date of Birth __________________

Address _________________________________ City _______________ Zip __________

Phone (Home) ____________________________ (Cell) ___________________________

E-mail ________________________________

EDUCATION:

High School ____________________________ City & State __________________

Year Graduated _________________________ If G.E.D., year received ____________

College/University Currently Attending __________________________

Major _________________________________ GPA ________________

Expected Date of Graduation ______________

Do you anticipate transferring to another college/university? __________

If yes, which college/university? _______________ Anticipated Date of Transfer __________

FINANCIAL INFORMATION:

Employer _______________________________ Length of Time at this Employer __________

Employer’s Address _________________________ Employer’s Phone No. ____________

Your Net Monthly Income $_______________ Household Net Monthly Income $_______________

Other sources of income (ex: AFDC, Social Security, Unemployment, child support, etc.):

___________________________________________________________________________

Annual Educational Costs $__________________
Current Educational Financial Resources or Assistance (ex: family financial support, student loans, grants, other scholarships, etc.):  

Source_________________________ Amount $_________ per_________ 
Source_________________________ Amount $_________ per_________ 
Source_________________________ Amount $_________ per_________ 

Dependents:  
Name_________________________ Age______ Name_________________________ Age______ 
Name_________________________ Age______ Name_________________________ Age______ 
Name_________________________ Age______ Name_________________________ Age______ 

PLEASE RESPOND TO THE FOLLOWING QUESTIONS  
If more space is required, please use a separate sheet of paper and attach it to the application. 

Please describe any community work or volunteer activities you have been involved with in the past few years:  
_________________________________________________________________________________________________________________________________________ 
_________________________________________________________________________________________________________________________________________ 
_________________________________________________________________________________________________________________________________________ 

Please list any awards, honors, and achievements:  
_________________________________________________________________________________________________________________________________________ 
_________________________________________________________________________________________________________________________________________ 
_________________________________________________________________________________________________________________________________________ 

Please list your hobbies, talents, or other activities: 
_________________________________________________________________________________________________________________________________________ 
_________________________________________________________________________________________________________________________________________ 
_________________________________________________________________________________________________________________________________________
Please explain your family’s financial situation, including hardships, and how this award will assist you:

________________________________________________________

________________________________________________________

________________________________________________________

Please provide additional information, if any, that may be of assistance to the Scholarship Committee in its consideration of this award:

________________________________________________________

________________________________________________________

________________________________________________________

CERTIFICATION:

In submitting this application, I certify that the information provided is complete and accurate, to the best of my knowledge. I understand that falsification of information may result in termination of any scholarship granted.

________________________________________________________

Applicant’s Signature

________________________________________________________

Date