

OAKLAND BAY AREA CHAPTER, THE LINKS INCORPORATED

2016 CELEBRATION OF EXCELLENCE SCHOLARSHIP APPLICATION

Instructions:

1. You may complete this application either electronically or manually. Please complete manually prepared forms clearly.
2. Completed application forms, with applicable signatures, may be emailed to: radonna822@aol.com. Mailing or fax information is located on page 4 of this application.
3. If this form is incomplete, inaccurate, or not signed, it will not be considered.
4. All students who receive a scholarship will be required to have an email address for future communications.
5. If you have questions or need additional information, please direct your inquires to the e-mail address in Item 2.
6. **NOTE: The Ethics Policy of The Links Incorporated cannot allow students related to a member of The Links, Inc. to apply for this scholarship.**

Please type or print your answers. If application is illegible it will not be considered.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____ Email Address: _____
3.	Daytime Telephone Number: () _____
4.	Date of Birth: Month Day Year
5.	High School presently attending:
6.	Grade Point Average (GPA): _____ (On a 4.0 scale) **Attach proof of GPA. Your most recent official school transcript required.
7.	Anticipated graduation date:
8.	I will be attending the following school in the <u>Fall of 2016</u> : Name: Address: City/State/Zip If you are not sure, what are your top 3 choices?
9.	What major do you plan to pursue?

10.	Name of parent or guardian: Address: City and Zip code: Contact phone number: Email Address:

The following section will enlarge as you type.

11.	List your educational and professional goals and objectives. (Attach separate sheet if preferred)
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12.	List any academic honors, awards and memberships. Please include year of honor/award, years of participation, and any offices held. (Attach separate sheet if preferred)
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13.	List your community service activities, athletics involvement, and extracurricular activities. Please include years of participation. (Attach separate sheet if preferred)
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14.	The following items must be included with this application in order for the application to qualify to be reviewed by the scholarship committee. Incomplete applications will not be considered.
	Reference letter(s) from a teacher or counselor
	Most recent <u>official</u> high school transcript.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of scholarship applicant: _____

Date: _____

REMEMBER
Deadline is March 18, 2016

Applications can be submitted by:

- 1. Email to radonna822@aol.com**
- 2. Fax to OBAL scholarship at 707-648-8828**
- 3. Mailed to OBAL Celebration of Excellence Scholarship 26615 Call Avenue,
Hayward, CA 94542**

Any inquiries can be made to the above-listed email address.

Thank you for your interest.

**Celebration of Excellence Scholarship Committee
Oakland Bay Area Chapter of The Links, Inc.**