VESTAL HIGH SCHOOL

Vestal, New York 13850

SCHOLARSHIP INFORMATION FOR SENIORS

NAME & DESCRIPTION: Democratic Women of Broome County Scholarship.

QUALIFICATIONS:

- Must be a graduating **female** senior at a high school in Broome County.
- Provide evidence of enrollment at a college or university.
- Provide evidence of school and/or community involvement related to civic engagement.
- Complete application (including release and certification forms).
- Submit a 250 300 word essay.
- Supply two references, with at least one being from a teacher.

BENEFITS: \$750

DATE DUE TO COUNSELING & GUIDANCE: April 26, 2024

Applications are available in the Counseling & Guidance Office or in Google Classroom.



Democratic Women of Broome County 508 Upper Court Street Binghamton, NY 13904

Democratic Women of Broome County \$750 Scholarship Application

The Democratic Women of Broome County is an organization that:

- 1. Upholds the fundamental principles of the Democratic party A government responsive to the people that values equality, justice and opportunities for all citizens.
- 2. Supports all qualified Democratic candidates and especially promotes and encourages active roles for women in government.

Application Criteria

The scholarship will be awarded to a female student who has demonstrated leadership qualities and a commitment to Democratic principles and good government.

Student Requirements

ALL ITEMS BELOW ARE REQUIRED TO BE SUBMITTED IN ORDER TO BE CONSIDERED

- 1. Be a graduating senior at a high school in Broome County.
- 2. Provide evidence of enrollment at a college or university.
- 3. Provide evidence of school and/or community involvement related to civic engagement.
- *4. Provide original high school transcript. (Gudance will provide)
 *5. Complete an application, including release and certification forms. Curtiess Signature will

 - 6. Submit a brief 250-300 word essay.

 7. Supply two letters of reference with at least one being from a teacher.

 6. Submit a brief 250-300 word essay.

 7. Supply two letters of reference with at least one being from a teacher.

Optional: If you feel you have a compelling financial need, please write a brief note on a separate sheet of paper describing that need.

Please send completed application and documents to:

The Counseling + Guidance Office'
by 4/26/24

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Democratic Women of Broome County 508 Upper Court Street Binghamton, NY 13904

Student Name:				
Street No. / Address:			MANAGEMENT AND	
City:	State:		Z ip:	
Phone:	Email: _			
High School:			NAME OF THE OWNER O	
<u>Essay</u>				
Please write a 250-30 feelings about the nee essay, explain the way and the Democratic P	ed for women to beco ys in which you are,	ome involve	d in governm	ent. In this
Reference Letters				
Attach two letters of recommunity or religious				other from a
Reference 1				
Name:	<u> </u>			
Position/Relationship:	tion/Relationship:Phone:			
Reference 2				
Name:			****	
Position/Relationship:		Phone:		



Democratic Women of Broome County 508 Upper Court Street Binghamton, NY 13904

Democratic Women of Broome County Consent to Release Information

*	I,, give the Democratic Women of Broome County (DWBC) and their Scholarship Selection Committee permission to exchange information connected with my application for this scholarship.				
	By signing this consent, I understand that as an applicant for this scholarship award, I give DWBC permission to verify submitted materials, including personal data and personal references. I understand that all information will be kept confidential.				
	*Note: You must sign below in front of a staff member of your high school.				
*	Student Signature:	Date:			
	*Witness:	Date:			
	Position:				

	Certification Form				
	I believe myself eligible for and hereby make an application to receive this scholarship through the DWBC. I certify that all statements made in this application are complete and accurate.				
	I understand:				
	 Falsification in my application, transcripts or other attachments will disqualify my application. 				
	 A Selection Committee will select the scholarship recipient(s) and that the decision made by this Committee will be final. 				
	3. Incomplete applications will not be considered.				
	4. Applications postmarked later than May 3, 2024 will not be considered.				
*	Signature:	Date:			
*	Print Name:				

* Applicant must fill out.