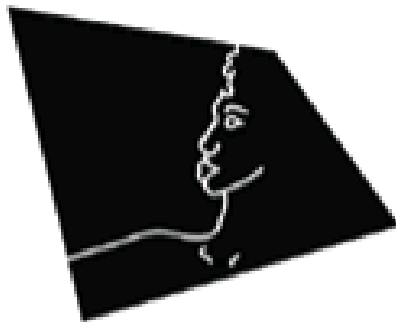


*National Coalition of 100 Black Women, Inc.
Long Island Chapter*

SCHOLARSHIP APPLICATION 2026



N C B W
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**Deadline: Electronically Timestamped
no later than 11:59pm on
APRIL 17, 2026**

Upload all required supplementary documents to
**[NCBW100-LI 2026 Application
Submission Form](#)**

SCHOLARSHIP CRITERIA

To be considered a candidate for the National Coalition of 100 Black Women Long Island Chapter 2026 scholarship, students must meet the following criteria:

- A fourth (4th) year Senior High School Female student of African descent in good standing with a minimum average of 80.00%;
- Enrolled in a high school located in either Nassau or Suffolk Counties – Long Island, New York;
- Demonstrate solid academic performance, good citizenship, and participation in school and/or community activities;
- Intention of matriculation to a four (4) year college or university for the Fall of 2026;
 - A minimum of one (1) of the awardees will be an applicant who intends to matriculate to a Historically Black College or University (HBCU).

Each student will be considered based on completion of the National Coalition of 100 Black Women, Long Island Chapter Scholarship Application with the following attachments:

- Copy of high school transcript;
- Personal statement;
- Two (2) letters of recommendation:
 - One from their guidance counselor (please see Guidance Counselor’s fact sheet which follows the application);
 - One from a teacher, other school personnel, or a community organization representative.

Please upload your completed application and all required supplementary documents using the [NCBW100-LI 2026 Application Submission Form](#). Only completed applications that meet all of the above criteria and are time-stamped by the deadline of **11:59pm on April 17, 2026** will be considered.

Awardees will be announced in May, 2026, and presented at the National Coalition of 100 Black Women, Long Island Chapter annual “*Hats Off to Advocacy Brunch*” in June, 2026. **Please note awardees MUST be in attendance at our annual brunch.**

Students will receive scholarship award funds upon presentation of an official Verification Form/Letter attesting to enrollment at the college of their choice. Awardees should expect scholarship funds by the end of the Fall Semester of the year of matriculation.

SCHOLARSHIP APPLICATION

Date: _____

Name of Student: _____
 First Middle Initial Last

Home Address: _____
 Street Apt. #

 City State Zip Code

Cell Number: _____

E-mail: _____

Name of Parent: _____

Parent Email: _____

Parent Cell Number: _____

Name of School: _____

Name of Guidance Counselor: _____

Guidance Counselor Email: _____

School Activities:

Additional Activities / Organizations:

Offices Held:

Honors Received: _____

Community Activities:

Special Talents and Interests:

Please tell us about any special activities (school and community service/projects) in which you participate (visual and/or performing arts, international, national or local activities, or activities that involve youth).



Work Experience: _____

Your future plans:

I plan to attend

(College or University)

I plan to major in

You must submit a typed personal statement (a minimum of 200 words) about yourself.

Kindly ensure that it includes the following information:

- Tell us about yourself. What subjects and activities do you enjoy? What makes you unique? What are your strongest personality traits?
- What are your greatest personal achievements? What strengths and skills do you possess that helped you achieve them?
- What do you hope to accomplish in the future? What are your personal as well as academic short and long-term goals?
- What makes you the ideal candidate to receive this scholarship? Does any quality or attribute distinguish you from others?

Please submit two letters of recommendation:

- one must be from a guidance counselor;
- the other from a teacher, school personnel, or a community organization representative.

Student's Signature: _____



GUIDANCE COUNSELOR'S FACT SHEET

Name of Student _____ School District _____

Please attach a copy of the student's transcript and complete the below or if necessary, an additional submission on your high school letterhead:

Class Rank ____ / ____ Un-weighted GPA _____

Please complete ALL sections of this document. Information that does not apply to this candidate should be marked N/A, not applicable.

Please verify the above information by affixing your handwritten signature to this document. This document MUST accompany the above-named student's application for The National Coalition of 100 Black Women, Long Island Chapter scholarship in order for the application to be considered complete. Should you wish to provide additional comments, please use the space provided below or include an additional submission on your high school letterhead.

COMMENTS: (Attach separate page as needed)

Counselor's Signature _____ Date _____

Counselor's Email: _____ Phone: _____

**PLEASE BE REMINDED:
THE TIME STAMPED DEADLINE IS 11:59PM, APRIL 17, 2026**