



APP# \_\_\_\_\_  
*LWVNCC use only*

This scholarship is open to any high school graduating senior, or a currently-enrolled fulltime college student or student in a tuitioned vocational program. ***Applicant's home residence must be in New Castle County DE.*** Multiple \$1,000 awards are available.

## SCHOLARSHIP APPLICATION FORM - READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY

*INSTRUCTIONS: PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY. THE COMPLETED FORM, YOUR ESSAY or VIDEO RESPONSE, SCANNED COPY OF YOUR LICENSE OR PHOTO ID, AND A TRANSCRIPT OR MOST RECENT GRADE REPORT **MUST BE RECEIVED BY THE LWV NCC BY APRIL 1, 2026.***

Full name (first, middle(s), last): \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate (Month, Day, Year): \_\_\_\_\_

3. Where are you currently enrolled? \_\_\_\_\_

If you're enrolled in a college/university, what is your year of graduation? \_\_\_\_\_

4. Home mailing address

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Preferred telephone number \_\_\_\_\_

6. Are you or anyone in your family a member of the League of Women Voters? \_\_\_\_\_

7. Parent's or guardian's name

First \_\_\_\_\_ Last \_\_\_\_\_

Email address \_\_\_\_\_

8. High School Counselor or College Advisor name and email

Name \_\_\_\_\_

Email \_\_\_\_\_

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In the space below, briefly describe any leadership experience you've had within your school or community.

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**APPLICANT CONSENT** Please read the statement below carefully and sign\* and date the signature box

I affirm that all information provided in this application is true, complete and in my own words. I understand that this application will be used by LVVNCC to consider me for a scholarship, and I grant permission for the LVVNCC to contact me. Should I be selected for a scholarship, I grant permission for LVVNCC to use my photograph and quotations in their materials and announcements.

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
*Typing your name and date will serve as your signature*

**EMAIL YOUR APPLICATION AND SUPPORTING DOCUMENTS or VIDEO IN ONE FILE TO:**  
[scholarship.lwvncc@gmail.com](mailto:scholarship.lwvncc@gmail.com)

*Letters of recommendation are required from 2 adults who know you fairly well. (NO family members.) At least one of the recommendations needs to be from an adviser, teacher, trainer, or school/program administrator. Make sure you give people submitting recommendations the link to the form. They will submit their recommendations separately and directly to us.*

**LINK TO RECOMMENDATION GOOGLE FORM:**  
<https://forms.gle/m91pDs9dfUiBenrk7>

**ALL APPLICATIONS MUST BE SUBMITTED BY  
 5 P.M. APRIL 1, 2026**