



**The Washington (DC) Chapter  
of The Links, Incorporated  
THOMAS-YOUNG SCHOLARSHIP APPLICATION**

***Apply for Thomas-Young Scholarship if the following characteristics apply to you:***

- A resident of the District of Columbia
- US Citizen or Permanent Resident
- 3.0 or above GPA
- Substantial financial need (based on the results of the FAFSA)

***About the Thomas-Young Scholarship Award:***

This scholarship is made possible by the generous support of the Washington (DC) Chapter of The Links, Incorporated, and honors the memory of its organizers, Bernice Thomas and Ruth Young.

***Amount of the Award:***

Students will receive \$1,000 per semester. Eligibility requires full-time college enrollment and satisfactory academic performance.

***Application Procedure:***

- Complete scholarship application
- Submit a copy of SAT or ACT scores
- Submit a copy of the Student Aid Report (SAR) from the results of FAFSA (Free Application for Federal Student Aid [FAFSA]). This is essential information for your application to be considered.
- Write a 250-400 word essay on **ONE** of the following topics:
  1. Describe a time you had to overcome obstacles in your pursuit of life or educational goals.
  2. Describe your participation in extracurricular and community service activities and their impact on you and others.
  3. What are you passionate about and why?
  4. How has the pandemic impacted you?
  5. Do you have a recent experience where you were able to make lemonade out of lemons?
- A brief letter introducing yourself and include hyperlinks to two of your social media accounts if applicable (i.e. [Facebook](#), [Instagram](#), and [LinkedIn](#))

***Application Deadline:***

*The complete application packet must be postmarked by April 15, 2022, and mailed in one envelope to:*

The Washington (DC) Chapter  
of The Links, Incorporated  
c/o Mrs. Gloria H. Smith  
5524 Utah Avenue, NW  
Washington, DC 20015



Linked in Friendship, Connected in Service  
Washington (DC) Chapter

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**THOMAS-YOUNG SCHOLARSHIP APPLICATION**  
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Name of Student \_\_\_\_\_

Last, First, Middle

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Social Security Number (last 4 digits) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Parent(s)/ Guardian(s) Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Parent(s)/ Guardian(s) Employment \_\_\_\_\_

Total Annual Family Income \_\_\_\_\_ Total # of People in Household \_\_\_\_\_

Name of High School \_\_\_\_\_

Address of High School \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

GPA \_\_\_\_\_ SAT (CR) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_ ACT (composite) \_\_\_\_\_

Colleges to Which You Have Applied \_\_\_\_\_

\_\_\_\_\_

College You Attend \_\_\_\_\_ Intended Major \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

\_\_\_\_\_

Leadership Positions \_\_\_\_\_

\_\_\_\_\_

Community Service Activities \_\_\_\_\_

\_\_\_\_\_

Work Experience \_\_\_\_\_

\_\_\_\_\_

Honors, Recognition, Awards and Other Scholarships Received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On a separate sheet, please submit an essay of 250-400 words on ONE of the following topics:

1. Describe a time you had to overcome obstacles in your pursuit of life or educational goals.
2. Describe your participation in extracurricular and community service activities and their impact on you and others.
3. What are you passionate about and why?
4. How has the pandemic impacted you?
5. Do you have a recent experience where you were able to make lemonade out of lemons?



I, \_\_\_\_\_ hereby grant and authorize the Washington (DC) Chapter of The Links, Incorporated, the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing.

I waive the right to inspect or approve any finished product in which my likeness appears, including written or electronic copy.

I agree that I have been compensated for this use of my likeness or have otherwise agreed to this release without being compensated. I waive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials shall become the property of the Washington (DC) Chapter of The Links, Incorporated, and will not be returned.

I hereby hold harmless and release the Washington (DC) Chapter of The Links, Incorporated, from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Photo Release for Minors

I, \_\_\_\_\_ hereby grant and authorize on behalf of the following minor(s)

1. Minor Name

2. Minor Age

3. Minor Date of Birth

(the “Minor(s)”) the Washington (DC) Chapter of The Links, Incorporated, the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or video taken of Minor(s) to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats, and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing, or the Minor(s) revokes this authorization in writing upon reaching majority age.

I waive any right that I or the Minor(s) may have to inspect or approve any finished product in which Minor’s likeness appears, including written or electronic copy.

I agree that Minor(s) has/have been compensated for this use of Minor(s) likeness or has otherwise agreed to this release without being compensated. I waive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials shall become the property of the Washington (DC) Chapter of The Links, Incorporated, and will not be returned.

I hereby hold harmless and release the Washington (DC) Chapter of The Links, Incorporated, from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate and Minor(s) estate(s).

I warrant that I am of full age and have every right to contract for Minor(s) in this regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with its contents.

This release shall be binding upon Minor(s) and me, and our respective heirs, legal representatives, and assigns.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Minor(s): \_\_\_\_\_

Date: \_\_\_\_\_