



## JUNIOR LEAGUE OF WESTCHESTER-ON-HUDSON

*Women building better communities®*

### 2019 Volunteer Service Award Application

The Junior League of Westchester-on-Hudson (JLWOH) will award a \$2,000 Volunteer Service Award to a female high school senior who will be attending a 2- or 4-year college in the Fall of 2019. The recipient of this award will have demonstrated an exemplary commitment to volunteerism within the 24-month period ending March 29, 2019. The applicant must attend high school in one of the following towns: Hastings-on-Hudson, Dobbs Ferry, Ardsley, Irvington, Tarrytown, Sleepy Hollow, Briarcliff Manor, Ossining, Croton-on-Hudson, Cortlandt/Montrose, Peekskill, Nyack, Clarkstown North or South, Spring Valley, Pearl River, Orangeburg or Nanuet.

**All applications must be received on or before Friday, March 29, 2019 by 5:00PM.**

To be eligible for consideration applicants must meet the criteria outlined above. Please submit your application to:

The Junior League of Westchester-on-Hudson  
Attn: Volunteer Service Award  
35 South Broadway  
Tarrytown, NY 10591  
or email your application to [scholarship@jlwoh.org](mailto:scholarship@jlwoh.org)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name of High School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of guidance counselor(s): \_\_\_\_\_  
Graduation date: \_\_\_\_\_  
Name of college you will be attending: \_\_\_\_\_

Please tell us about the organization(s) for which you have volunteered over the past two years:

1) Name of organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of your work: \_\_\_\_\_

Length of time volunteered with this organization: \_\_\_\_\_

Average hours worked per month: \_\_\_\_\_

2) Name of organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of your work: \_\_\_\_\_

Length of time volunteered with this organization: \_\_\_\_\_

Average hours worked per month: \_\_\_\_\_

3) Name of organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of your work: \_\_\_\_\_

Length of time volunteered with this organization: \_\_\_\_\_

Average hours worked per month: \_\_\_\_\_

*Please add a separate sheet if there are more organizations you would like to include*

**Essay:** In approximately 800 words please tell us how you, the applicant, and the organization(s) at which you volunteered benefited from your efforts. Points should include:

- a description of the volunteer activities you performed
- the ways in which the organization benefited from your work
- what experience and/or knowledge you gained from this work
- your reason(s) for choosing to participate in community service
- your reason(s) for selecting the specific organization(s) with which you worked

**Review Process:** The JLWOH Volunteer Service Award task force will review each application and make a recommendation to the JLWOH Board of Directors on April 4th. The final decision will be based upon the applicant's demonstration of commitment to volunteerism and upon Board review.

Telephone conferences may be conducted with the applicant, the supervisor(s) and/or the guidance counselor(s) noted on the application.

**Award:** The Volunteer Service Award will be in the amount of \$2,000. The JLWOH will present the award on May 21, 2019.

Awardee will be required to sign a media release form (parental consent needed if student is under the age of 18). A brief profile of the award recipient may be included on the JLWOH website.

**Questions:** If you have any questions please contact Diana Angst, Volunteer Service Award Committee Chairman, by email at [scholarship@jlwoh.org](mailto:scholarship@jlwoh.org).



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## Volunteer Service Award Release Form

In the event of my selection for this scholarship, I authorize the Junior League of Westchester-on-Hudson ("JLWOH") to share my name, contact information, and application (and its accompanying materials including essay, resume, etc.) with scholarship committee and other donors. Personal information may be shared only for stewardship or grant request purposes and will remain confidential.

I also authorize JLWOH to take photographs of me in connection with the Scholarship Event and authorize JLWOH to use and publish such photos along with my name in printed and electronic materials, including but not limited to, JLWOH's website, press releases, newsletters and internal event reports on the Event.

I have read and understand the above:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Full Applicant Name

\_\_\_\_\_  
Age & Date of Birth

If under 18 years old

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of parent or legal guardian

\_\_\_\_\_  
Phone #

I give permission to disclose my child's name & likeness: Yes \_\_\_\_\_ No \_\_\_\_\_

### **SCHOLARSHIP COMMITTEE INTERNAL USE ONLY**

Date Application and Release Form Complete \_\_\_\_\_

# Volunteer Hours \_\_\_\_\_ GPA \_\_\_\_\_ College \_\_\_\_\_

Essay Grade \_\_\_\_\_ Interview Grade \_\_\_\_\_