



2025 Ernestine Kyles College Scholarship Application

Scholarship Eligibility:

- Applicant must be a current college student under age 23 years old who has completed at least 1 year of college. (Must be a college sophomore, junior, or senior)
- Applicant must be pursuing an associate degree or a bachelor's degree
- Applicant must have a 3.0 or higher GPA as evidenced by school transcript or other official school document. This document should reflect your overall average thus far for the 2023/2024 academic year.
- Applicant's home of residence must be in either **Chemung or Steuben County** but may attend college anywhere in the United States.
- Applicant must be an **African American male or female** student.
- Completed applications should be submitted or post marked no later than **March 31, 2025.**

Application Package Requirements:

- Completed application questionnaire
- Official college transcript that reflects for the 2024/2025 academic year
- Recommendation from college advisor, professor, or coach
- Typed essay in 12 or 14 font with a maximum of 2 pages double spaced
- Essay Content should include:
 - A brief introduction about you and your desires to pursue higher education.
 - Financial and social hardships that might impede your pursuits of higher education.
 - What major are you pursuing and why have you selected this major?
 - Who or what inspired you to seek a college degree?
 - Describe any community service activities in which you have participated.
- Signed Media Release Form and Scholarship Tracking Disclaimer
- Scanned photo (via e-mail) or include a photo in postal mailed application

Please keep first page for future reference. It is important that you follow ALL instructions and submit the requested information, or you will forfeit consideration.

Please send the contents of your application package to:

Mail to: Cosmopolitan Women's Club
Attn: Ernestine Kyles Scholarship
7 Prospect Ridge Rd
Horseheads NY 14845
Or
Email submissions to: Ernestine Kyles
ernestinekyles@aol.com

Important Dates:

- Application period ends **March 31, 2025**
- Award recipients will be notified by **May 16, 2025** via email, letter and/or phone call
- Scholarship program will be held on **June 15, 2025 at 3pm. A determination on if it will be in-person or virtual will be made at a later date.**



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Name: _____

Age: _____ **Date of Birth:** ____/____/____

Address: _____

Confirm Ethnic Background:

City/State: _____

African American/Black

Two or more races

Zip: _____

If you answered, "Two or more races," please self-identify which races:

Home Phone: _____

Cell Phone: _____

High School History:

E-mail Address: _____@_____.com

Year of high school graduation: _____

Name of high school, city, and state: _____

Don't forget to include
a photo with your
application!

College Statistics:

College currently attending: _____

Advisor: _____

Grade Point Average: _____

Major area of study _____

Annual Family Income:

_____ \$24,000 or below

_____ \$75,000-\$99,000

_____ \$25,000-\$49,000

_____ \$100,000- \$125,000

_____ \$50,000-\$74,000

_____ \$126,000 or above

Other family members in household:
(Please write below)

Name	Age	Grade/Employer	Relationship

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Please list college activities, community agencies, or organizations in which you have participated (volunteered) during the last 5 years. This may include religious groups, hospital volunteer activities, cultural activities, outreach programs, etc.

Name of Agency or Organization	Kind of Activity	Date of Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any employment experience. It can be part-time or full-time employment.

<u>Employer</u>	<u>Type of employment</u>	<u>Date</u>
_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	_____
_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	_____
_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	_____

The following factors will be considered for each applicant:

- Personal circumstances and achievements
- Challenges faced in life
- Educational and career goals
- Financial need
- Impact of scholarship

Applicant's Signature: _____ **Date:** _____

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Media Release

Please include this document with your application and make sure that you sign your application.

I hereby consent to the use of any photographs/video taken by the Cosmopolitan Women's Club, Inc. or their designee(s). The photos or videos may be used on the Cosmopolitan Women's Club website or publication. From time to time representatives of the news media are invited to cover our events. When this happens there is a possibility you may be photographed, videotaped, or interviewed for a news story. **Please mark one of the choices below and return with your application.**

Yes, I allow CWC to use my photographs or videotape when appropriate.

No, I do not want CWC to use my photograph or videotape used when appropriate.

Tracking Disclaimer

I am aware that the personal information collected from this application will be used solely for the purpose of reviewing the qualifications for, and the disbursement of the scholarship funds given by the Cosmopolitan Women's Club and its benefactors. In accepting a scholarship award, a recipient also agrees to receive follow-up contact by an authorized representative of the Cosmopolitan Women's Club for the purpose of collecting data on how disbursed funds have been utilized. This information will be collected within a one-year period (of receipt of funds) and will be used to evaluate and measure the success of our efforts and stated organizational goals.

Applicant Name: _____ **(PLEASE PRINT)**

Applicant Signature: _____

**Submit application package no later than
Sunday, March 31, 2025**

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You may reach Ernestine at 607-739-9245 if you have questions.