



Democratic Women of Broome County
508 Upper Court Street
Binghamton, NY 13904

Democratic Women of Broome County \$1,000 Scholarship Application

The Democratic Women of Broome County is an organization that:

1. Upholds the fundamental principles of the Democratic party - A government responsive to the people that values equality, justice and opportunities for all citizens.
2. Supports all qualified Democratic candidates and especially promotes and encourages active roles for women in government.

Application Criteria

The scholarship will be awarded to a female student who has demonstrated leadership qualities and a commitment to Democratic principles and good government.

Student Requirements

ALL ITEMS BELOW ARE REQUIRED TO BE SUBMITTED IN ORDER TO BE CONSIDERED

1. Be a graduating senior at a high school in Broome County.
2. Provide evidence of enrollment at a college or university.
3. Provide evidence of school and/or community involvement related to civic engagement.
4. Provide original high school transcript.
5. Complete an application, including release and certification forms.
6. Submit a brief 250-300 word essay.
7. Supply two letters of reference with at least one being from a teacher.
8. **Application must be postmarked by April 6 2026**

Optional: If you feel you have a compelling financial need, please write a brief note on a separate sheet of paper describing that need.

Please send completed application and documents to:

Susan Schofield
2032 Felicia Blvd
Endicott, NY 13760



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Student Name: _____

Street No. / Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

High School: _____

Essay

Please write a 250-300 word essay in which you express your thoughts and feelings about the need for women to become involved in government. In this essay, explain the ways in which you are, or will become, involved in government and the Democratic Party, and why.

Reference Letters

Attach two letters of reference - one letter from a teacher and the other from a community or religious leader. Identify the references below.

Reference 1

Name: _____

Position/Relationship: _____ Phone: _____

Reference 2

Name: _____

Position/Relationship: _____ Phone: _____



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Democratic Women of Broome County Consent to Release Information

I, _____, give the Democratic Women of Broome County (DWBC) and their Scholarship Selection Committee permission to exchange information connected with my application for this scholarship.

By signing this consent, I understand that as an applicant for this scholarship award, I give DWBC permission to verify submitted materials, including personal data and personal references. I understand that all information will be kept confidential.

***Note: You must sign below in front of a staff member of your high school.** Student

Signature: _____ Date: _____ *Witness:

_____ Date: _____ Position:

Certification Form

I believe myself eligible for and hereby make an application to receive this scholarship through the DWBC. I certify that all statements made in this application are complete and accurate.

I understand:

1. Falsification in my application, transcripts or other attachments will disqualify my application.
2. A Selection Committee will select the scholarship recipient and that the decision made by this Committee will be final.
3. Incomplete applications will not be considered.
4. Applications postmarked after April 6, 2026 will not be considered.

Signature: _____ Date: _____

Print Name: _____