



Vera Cope Weinbach Scholarship Committee

6016 PRINCESS GARDEN PARKWAY · NEW CARROLLTON, MARYLAND 20784-2898
(301) 459-6100 FAX (301) 459-8172

Scholarship Application

WHAT IS THE VERA COPE WEINBACH MEMORIAL SCHOLARSHIP?

The Vera Cope Weinbach Scholarship Fund was established in 1980 in memory of the first female City Councilwoman, Vera C. Weinbach, in recognition of her outstanding service to the community and especially its youth. As a lasting tribute, a scholarship will be awarded annually in her name to deserving youths of the City.

WHO IS ELIGIBLE TO APPLY?

To be eligible you must be:

- A current resident of the City of New Carrollton, and have been a resident for at least one year.
- Entering or attending a post high school institution.
- Available to meet with the Scholarship Committee for an interview, if requested.

NOTE: Previous applicants or winners of the Weinbach Scholarship may reapply.

HOW TO APPLY?

Eligible students should submit an application form to the selection Committee. Application forms are available at City Hall, the New Carrollton Branch Library, or in the guidance counselor's office of various local high schools.

Applicants must provide the Committee with an official copy of their high school or college transcripts with their application.

The Committee will also require two (2) letters of personal reference. Letters of reference should not be written by any of New Carrollton's elected officials.

DEADLINE: All applications can be submitted on-line (aguzman@newcarrolltonmd.gov) or received in City Hall, 6016 Princess Garden Parkway, by 5:00PM, Friday, June 30, 2023.

HOW ARE SCHOLARSHIP RECIPIENTS SELECTED?

Scholarship recipients will be determined by the members of the Vera Cope Weinbach Scholarship Committee.

Selections are made on the basis of academic achievement, community involvement, extracurricular activities, financial need, the quality of your application, and a personal interview.

Selections will be made without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

If you have any further questions regarding the Scholarship, call City Hall at 301-459-6100.

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code
Day Telephone	Evening Telephone	

E-Mail Address

How long have you been a resident of the City of New Carrollton?

Years	Months
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FAMILY INFORMATION

Name of Father, Stepfather, or Male Guardian		
Street Address		
City	State	Zip Code
Occupation	Title	
Employer		

Name of Mother, Stepmother, or Female Guardian		
Street Address		
City	State	Zip Code
Occupation	Title	
Employer		

EDUCATIONAL BACKGROUND

	School Name	Address	Dates Attended
Elementary School(s)			
Middle School(s)			
High School(s)			
Name of the college, university, or institution that you currently attend or plan to attend			

If you have applied to an institution of higher education, have you received a letter of acceptance or a letter specifying that you have been placed on a waiting list. If yes, please specify.

Briefly discuss your plans or goals after you graduate.

VOLUNTEER COMMUNITY INVOLVEMENT

Vera Weinbach served as a City Councilwoman for the City of New Carrollton and was recognized for her outstanding service to the community, especially its youth. Please describe your volunteer activities in New Carrollton, including any activities involving young people.

Please describe your other volunteer activities.

EXTRACURRICULAR ACTIVITIES, HONORS, AND AWARDS

List any extracurricular activities that you participate in at school.

Name of Club or Organization	Offices Held	Honors Received

Briefly describe any outstanding academic achievements.

EMPLOYMENT HISTORY

Employer		
Street Address		
City	State	Zip Code
Position Held		
Dates of Employment	Hours Per Week	

Employer		
Street Address		
City	State	Zip Code
Position Held		
Dates of Employment	Hours Per Week	

Do you plan to work while attending college? If yes, please explain.

[illegible]

FINANCIAL INFORMATION

Please list all of the scholarships for which you have applied:

Name of Scholarship	Dollar amount awarded (if applicable)

Are you eligible for any other educational benefits?

	Dollar amount awarded (if applicable)
Social Security	
G.I. Bill	
Other:	

ADDITIONAL INFORMATION

Are there any other personal facts that you would like to include, which would be useful in evaluating your qualifications or financial need for the Vera Cope Weinbach Scholarship? (i.e. family income, other family members in college, or any other factors not previously mentioned)

SIGNATURE

I attest that the above information is true to the best of my knowledge.

Signature of Applicant_____

Date _____