

WSBN SheLeads Scholarship Application Instructions

The **Women's Small Business Network of San Joaquin** is offering two scholarships in the amount of \$1,000.00 each to graduating high school senior girls, with a cumulative GPA of 3.0 or higher, in the Tracy Unified School District.

WSBN Scholarship Funds are available to girls who have graduated in the 2025-2026 academic year, with a cumulative GPA of 3.0 or higher, from any of the high schools in the Tracy Unified School District (Tracy, West, Kimball, Tracy Charter and Stein).

The purpose of this scholarship is to recognize and support graduating high school girls who demonstrate a strong business mindset, outstanding leadership, and a deep commitment to service. This award honors young women who have taken initiative, shown responsibility, and inspired others through their involvement in school activities, community projects, and volunteer work. By investing in these future leaders, the scholarship aims to encourage their continued growth in education, entrepreneurship, and community engagement.

Applicant must be:

1. California Resident.
2. Enrolled student at a High School in the Tracy Unified School District.
3. Graduating in the current academic year.
4. A cumulative GPA of 3.0 or higher.

The application and accompanying reference forms can be obtained from:

TUSD High Schools – Counseling/College & Career Department;
E-mail requests to: wsbn.empowers@gmail.com before 07/31/2026;
By scanning the QR Code on posts/flyers.

RECIPIENTS
Will be announced in
AUGUST.

Final application packet **must include:**

1. Completed application form.
2. Copy of the Student's ID from the High School notated on application.
3. An essay describing (in ***no more than 500 words***):
 - a. Any school responsibility you may have.
 - b. Your career plans, goals, objective and any other information you feel would be valuable to the selection committee.
 - c. School service-related activities, including any service you provide to others in the school. DO NOT USE abbreviations for any organizations/clubs listed.
 - d. Your volunteer service in the community. DO NOT LIST ACTIVITIES FROM ITEM c, ABOVE.
4. Copy of your transcripts.
5. Reference forms and letters:
 - a. Reference form and letter written *specifically* for this scholarship application.
 - b. First reference form and letter completed by a **community volunteer leader or organization** with whom you have served with and you are NOT related to.
 - c. Second reference form and letter completed by a member of the **high school faculty**.
 - d. NOTE: Each completed reference form and letter should be **given to applicant directly**.
Letters of recommendation for college admission are NOT ACCEPTED.

Submission Instructions:

Submit application, essay and reference forms with letters by emailing to : wsbn.empowers@gmail.com

Application, essay, reference forms and letters should be emailed together in PDF Format ONLY.

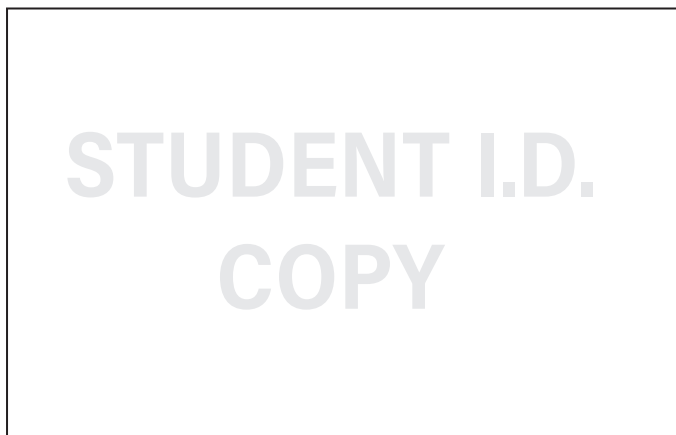
MUST BE RECEIVED BY AUGUST 15, 2026 @11:59PM TO BE CONSIDERED



APPLICATION
WSBN
She Leads SCHOLARSHIP

DUE DATE:
AUGUST 15, 2026

Last Name			First Name			Birthdate(mm/dd/yyyy)		
Mailing Address			City, State			ZIP		
()			Telephone			E-Mail		
Complete Name of High School						Telephone		
High School Mailing Address			City, State			ZIP		
Date of Graduation(mm/dd/yyyy)						Intended major/course of study at college/university, trade or tech. school		
If Applicant is UNDER 18 years of age, Parent/Guardian signature REQUIRED						Signature of Applicant - REQUIRED		
PRINT Name of Parent/Guardian*						Signature of Parent/Guardian*		



Please provide a copy/screenshot
of your current Student ID

- ☐ I give permission for my name and photo or video to be used in a news release, social media post, flyer, etc. in connection with this scholarship.

Initials

PROVIDE THE FOLLOWING

1. Describe any School responsibility you may have.
2. Describe your career goals, objective and any other information you feel would be valuable.
3. Describe all school service-related activities-include any services you provide to others in your school. DO NOT USE abbreviations for any organizations/clubs listed.
4. Describe your volunteer service in the community. DO NOT INCLUDE activities listed in 3 above.

RETURN APPLICATION PACKET IN THE FOLLOWING ORDER

- Completed application form.
- Copy of Student ID.
- Essay response to items 1 - 4 above in NO MORE than 500 words.
- Copy of Transcripts.
- Two (2) reference forms with letters.
 - ☐ From UNRELATED community member.
 - ☐ From high school faculty member.

RETURN TO: wsbn.empowers@gmail.com in PDF format

**APPLICATIONS MUST BE RECEIVED NO LATER THAN AUGUST 15, 2026
TO BE CONSIDERED**

REFERENCE FORM

WSBN She Leads SCHOLARSHIP for Graduating High School Senior Girls TO BE COMPLETED BY HIGH SCHOOL FACULTY/COMMUNITY MEMBER

APPLICATION PACKET DUE DATE: AUGUST 15, 2026

The purpose of this scholarship is to recognize and support graduating high school girls who demonstrate outstanding leadership and a deep commitment to service and to provide incentive for students to continue their education.

Name of Student: _____

High School: ☐ Tracy High ☐ West High ☐ Kimball ☐ Tracy Charter ☐ Stein

The above named student has applied for the WSBN She Leads Scholarship. Please include this reference form and a separate letter of recommendation, which **MUST** be written specifically for this graduating high school senior scholarship application. Copies of recommendation letter for college are not acceptable. Attach your letter of recommendation, written on an additional sheet. Information provided will be considered confidential. **Please limit letter to one page.**

In what capacity do you know the student? _____

Provide a description of each activity and the student's involvement. Give your evaluation of their abilities, attitudes and potential of the student and any comments regarding the student's volunteer service, activities, achievements and personal qualifications.

Name of Faculty/Community member: _____

Faculty/Community position: _____

Mailing Address: _____

Telephone: (_____) _____ **Email:** _____

SIGNED: _____ **Date:** _____
Signature of Community Member

RETURN THIS FORM WITH LETTER OF RECOMMENDATION DIRECTLY TO APPLICANT

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Name of Faculty/Community member: _____

Faculty/Community position: _____

Mailing Address: _____

Telephone: (_____) _____ **Email:** _____

SIGNED: _____ **Date:** _____
Signature of Faculty Member

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