

## Dr. Levatta Dean Levels Scholarship Packet



# NCNW

**Commitment. Unity. Self Reliance.**

## The Greater Trinity Section Announces The Dr. Levatta Dean Levels 2025 Scholarship Application Period

### **January 5, 2026 - February 6, 2026**

(DALLAS, TX) — The National Council of Negro Women, Inc. (NCNW) Greater Trinity Section is proud to announce that the application period for the Dr. Levatta L. Levels Education Scholarship is now open! This scholarship reflects our commitment to advancing educational opportunities and championing the success of underrepresented students. Named in honor of Dr. Levatta L. Levels, a distinguished educator throughout Dallas County for thirty plus years, this scholarship pays tribute to her profound impact on education and her unwavering dedication to equity and academic excellence. Dr. Levels played a pivotal role in shaping policies that fostered inclusivity and access for all students, leaving an enduring legacy in the district's history.

Through this scholarship, we seek to empower the next generation of scholars, ensuring they have the resources and support needed to achieve their academic and professional aspirations. Eligible students are encouraged to apply and take advantage of this incredible opportunity.

**The Dr. Levatta L. Levels Education Scholarship will fund two annual scholarships:**

- **\$2,500**
- **\$2,000**
- **\$1,500**

The Greater Trinity Section of NCNW, the scholarship program aims to support local high school seniors. Eligible participants will be evaluated based on the following criteria:

- Financial need
- Community service
- Leadership qualities
- Awards and Recognition
- Letters of reference
- Student essay
- Applicant must have a GPA of a minimum of 2.5 on a 4.0 GPA scale
- Applicant must be a high school graduating senior in the Dallas Fort Worth metroplex



# Dr. Levatta Dean Levels Scholarship Packet

**APPLICATION DEADLINE: February 6, 2026**

## **Scholarship Application Packet Requirements:**

- All applicants must submit the application form,
- One letter of recommendation from a school official on letterhead,
- One letter of recommendation from someone involved in the NCNW or another community organization on letterhead,
- A letter of recommendation regarding your leadership or community service on letterhead,
- An official sealed high school transcript,
- A small photo (no larger than 4x6),
- A resume highlighting your leadership and community service, and
- A 350-word essay.

## **Letter Of Recommendations (provide one of each):**

- A core subject teacher, guidance counselor, coach **or** school administrator written on official school letterhead,
- A community service organization written on the organization's letterhead. The letter should include length of service to the organization,
- A personal recommendation from a member of NCNW or another community organization.

## **Acceptable Photos For Submission:**

Examples of acceptable photos for submission would be a senior yearbook photo or graduation photo.

***The National Council of Negro Women (NCNW) is rooted in a legacy of leadership, service, advocacy, and the empowerment of Black women, families, and communities. Dr. Levatta Levels exemplifies these values through her commitment to education, civic engagement, and uplifting others.***

## **In a well-developed essay, reflect on the following:**

***How have you demonstrated leadership, resilience, and service within your school, family, or community? Describe a challenge you've overcome, what you learned from that experience, and how these lessons will shape your future contributions as a scholar and community leader.***



***Finally, share how receiving the NCNW Dr. Levatta Levels Scholarship will support your educational goals and empower you to make a meaningful impact. This essay should be typed and double space with a 12-point font.***

## Dr. Levatta Dean Levels Scholarship Packet

**\*\*\* APPLICATION DEADLINE: FEBRUARY 6, 2026 \*\*\***

Completed application, official sealed transcript, photo, three (3) letters of recommendation MUST be mailed in one large envelop and POSTMARKED **by February 6, 2026** and mailed to:

Dr. Levatta Dean Levels Scholarship Committee  
811 Cockrell Hill Road  
Ovilla, Texas 75154

Late or incomplete packets will NOT be considered. Scholarship funds will be awarded for one academic school year and are NONRENEWABLE. Once the recipient has provided proof of enrollment, funds will be disbursed to the student. The student will be recognized in March 2026 by the Greater Trinity Section of The National Council of Negro Women, Inc. (NCNW).

### **Additional Information:**

Please direct all questions to Dr. Levatta Levels at [alllevels@yahoo.com](mailto:alllevels@yahoo.com) or 972-824-5038

Please ensure everything is in your packet, this is your checklist!

_____	Completed <b><u>and</u></b> Signed Application
_____	Letters of Recommendations (3) on school/organization letterhead
_____	Official Sealed Transcript
_____	Photo (no larger than 4x6)
_____	Resume
_____	Essay

*We look forward to receiving your Scholarship Application Packet*



# Dr. Levatta Dean Levels Scholarship Packet



## 2026 Dr. Levatta Dean Levels Scholarship Application



Applicant Name: \_\_\_\_\_  
(please print)

Parent / Guardian Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current High School: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_ ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_

Guidance Counselor / Academic Advisor: \_\_\_\_\_

Name of the university or college you plan to and major/course of study:  
\_\_\_\_\_

CONFIRMATION I, \_\_\_\_\_,  
do solemnly swear that all of the information provided on this application form is true and just to the best of my knowledge; and that all of the documentation provided in my application packet applies to and/or belongs to me and no one else. I also certify I must attend the Spring 2026 recognition in order to receive the scholarship. I further understand that I will receive the scholarship check, once the committee has received my verification of college registration.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail your **COMPLETED** application packet by **February 6, 2026** to:

Dr. Levatta Dean Levels Scholarship Committee  
811 Cockrell Hill Road  
Ovilla, Texas 75154

