



## 2019-2020 MICHAEL E. SAILES LEGACY AWARD

**The Ezra Project** provides monetary awards to African American students who are pursuing post-secondary education through an accredited institution, exhibit interest in community service, and are active in a local church congregation. This year, **The Ezra Project** will award \$1,000 to three outstanding high school seniors who meet the above criteria.

### REQUIREMENTS:

To be considered for the **Michael E. Sailes Legacy Award** you must:

- Be a high school senior;
- Enrolled in an accredited college/university or vocational program in the fall of 2019 following high school graduation;
- Have a cumulative G.P.A. of 3.0 on a 4.0 scale.

### HOW TO APPLY:

To apply for the **Michael E. Sailes Legacy Award**, complete and mail the application along with the following items:

- **Application essay.** The essay should be 300 - 500 words and include the following:
  - Career goals/expectations
  - Intent to “pay forward” or continue contributing to the African American church/community or next generation.
- **Three letters of recommendation.**
  - The first letter should be from a faculty or staff member at your school;
  - The second letter should be from your community service supervisor or leader;
  - The third letter can be someone of your choice (coach, pastor, scout leader, work supervisor, youth director, etc.)
  - Recommendations cannot be written by a family member, friend, classmate, or teammate. Letters should be original and should not be duplicates of college recommendation letters. (Letters must be on letterhead.)
- **Transcripts.** Include an official “sealed” copy of your current academic transcript. (Unofficial copies will not be accepted.) Submit also a copy of your ACT/SAT scores.
- **Acceptance letter.** Submit a copy of your college/university/vocational school acceptance letter.

Deadline to apply is July 31, 2019. Mail your completed application and all documents to:

The Ezra Project  
P.O. Box 438825  
Chicago, IL 60643



# 2019 – 2020 Michael Sailes Legacy Award Scholarship Application

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City, State, Zip

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M  F

## HIGH SCHOOL INFORMATION

High School Name: \_\_\_\_\_

High School Address: \_\_\_\_\_  
Street City, State, Zip

High School GPA on a 4.0 scale: \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

High School Counselor's Name: \_\_\_\_\_

High School Counselor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## COLLEGE/POSTSECONDARY SCHOOL YOU PLAN TO ATTEND

College Name: \_\_\_\_\_

College Address: \_\_\_\_\_  
Street City, State, Zip

Major: \_\_\_\_\_



## SUBMIT SUPPORTING ATTACHMENTS

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Essay  | <input type="checkbox"/> Official Transcripts | <input type="checkbox"/> Acceptance Letter       |
| <input type="checkbox"/> 3 Letters of Recommendations: <ul style="list-style-type: none"><li>✓ Community Service</li><li>✓ School Staff</li><li>✓ Other</li></ul> | <input type="checkbox"/> ACT/SAT Score Report | <input type="checkbox"/> Enrollment Verification |

## APPLICANT SIGNATURE

I certify that the information provided on this form is accurate.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## CHURCH INFORMATION

Name of Church (optional): \_\_\_\_\_

Church Address: \_\_\_\_\_

Street

City, State, Zip

Church Phone Number: \_\_\_\_\_ Church Website: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

## FOR OFFICE USE ONLY

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Accepted

Declined

Incomplete