

2021 MICHAEL E. SAILES LEGACY AWARD

The Ezra Project provides monetary awards to African American students who are pursuing a post-secondary education through an accredited post-secondary vocational program or a two or four-year accredited college or university. Applicants must also exhibit interest in community service and be an active member in a local church.

REQUIREMENTS:

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

- Must be a 2021 graduating high school senior;
- Must show proof of acceptance to and enrollment in an accredited college/university or vocational program in the fall of 2021;
- Must have a cumulative grade point average of 3.0 on a 4.0 scale;
- Must be an active member in a local church.

HOW TO APPLY:

To apply for the **Michael E. Sailes Legacy Award**, complete and email the application to ezrafactor@gmail.com along with the following items:

- **Application essay.** The essay should be 300 - 500 words and include the following:
 - o Career goals/expectations
 - o Intent to “pay forward” or continue contributing to the African American church/community or next generation.
- **Four letters of recommendation from the following: ***
 - o A faculty or staff member at your school.
 - o Your church pastor or church auxiliary leader.
 - o Your community service supervisor or leader.
 - o Someone of your choice (coach, scout leader, work supervisor, youth director, etc.)
- **Transcripts.** Direct your high school counselor to mail an official “sealed” copy of your current academic transcript that includes SAT or ACT scores to: **The EZRA Project, P.O. Box 438825, Chicago, IL 60643** or email an official copy to ezrafactor@gmail.com. (Unofficial copies will not be accepted.)
- **Acceptance letter.** Submit a copy of your college/university/vocational school acceptance letter.
- **Proof of enrollment.** A copy of your first college semester’s course schedule.

The deadline to apply for scholarship is July 1, 2021. All applications, transcripts, letters of recommendation and supporting documents must be submitted no later than this date.

*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.)

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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: _____

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SUBMIT SUPPORTING ATTACHMENTS

- | | | |
|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Official Transcripts | <input type="checkbox"/> Enrollment Verification | <input type="checkbox"/> 4 Letters of Recommendations: |
| <input type="checkbox"/> ACT/SAT Score Report | <input type="checkbox"/> Essay | ✓ Pastor or Church Axillary Leader |
| <input type="checkbox"/> Acceptance Letter | | ✓ Community Service |
| | | ✓ School Staff |
| | | ✓ Other choice
(coach, scout leader, work
supervisor, youth director, etc.) |

APPLICANT SIGNATURE

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

Signature of applicant: _____ Date: _____

CHURCH INFORMATION

Name of Church: _____

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