

2023 MICHAEL E. SAILES SCHOLARS' AWARD

The Ezra Project provides monetary awards to African American students in the Chicago area 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 be active members in a local church and have exhibited interest in community service. Selected post-secondary schools may be outside Illinois.

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

- Must be a 2023 graduating high school senior;
- Must show proof of acceptance to and enrollment in an accredited college/university or vocational program in the fall of 2023;
- 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 Scholars' 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 May 31, 2023. 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

Maria				
Name:	First	 Middle		
Address:				
Street		City, State, Zip		
Cell Phone:	Email addre	SS:		
Date of Birth:	Sex: I	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:	Ema	ail:		
COLLEGE/POSTSECOND	ARY SCHOOL Y	OU PLAN TO ATTEND		
College Name:				
College Address:				
Street		City, State, Zip		
Major:				



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SUBMIT SUPPORTING ATTACHMENTS

Official Transcripts ACT/SAT Score Report Acceptance Letter	Enrollment Verification Essay	4 Letters of Recommendations: ✓ Pastor or Church Axillary Leader ✓ Community Service ✓ School Staff ✓ Other choice (coach, scout leader, work supervisor, youth director, etc.)
	APPLICANT SIGNATURE	
Legal certify that the information of	provided on this form is accurat	te.
·	rovided on this form is decard.	
Signature of applicant.		
	CHURCH INFORMATION	
Name of Church:		
Church Address:		
Street		City, State, Zip
Church Phone Number:	Church Website	ō;
Pastor's Name:		
	FOR OFFICE USE ONLY	
Received by:		Date:
Reviewed by:		
Accepted Declined	Incomplete	