

2024 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 of a local church and have exhibited interest in community service. Selected postsecondary schools may be outside Illinois.

REQUIREMENTS:

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

- Be a 2024 graduating high school senior.
- Show proof of acceptance to and enrollment in an accredited college/university or vocational program in the fall of 2024.
- Have a cumulative grade point average of 3.0 on a 4.0 scale.
- Be an active member in a local church.

HOW TO APPLY:

To apply for the **Michael E. Sailes Legacy 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:
 - Career goals/expectations
 - Intent to “pay forward” or continue contributing to the African American church/community.
- **Four letters of recommendation from the following: ***
 - A faculty or staff member at your school.
 - Your church pastor or church auxiliary leader.
 - Your community service supervisor or leader.
 - 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.

*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

SUBMIT SUPPORTING ATTACHMENTS

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/POST SECONDARY SCHOOL YOU PLAN TO ATTEND

Postsecondary Site: _____

Institution Address: _____
Street City, State, Zip

Major: _____



Resourcing the Faith Community

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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

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