

# CALVIN ELLIS JR. MEMORIAL SCHOLARSHIP APPLICATION

*Yolanda's Kids Corner Childcare  
4815 Old York Rd.  
Philadelphia, PA 19141  
www.yolandaskidscorner.com*

## Academic School Year 2017-2018

This application must be completed fully by student and parent / guardian. In addition to the information listed below, **please submit scholarship essay, a copy of child's school transcript or most recent report card and recommendation letter by teacher or community leader, official signature page.**

**PLEASE SUBMIT THIS APPLICATION BY:  
MARCH 12, 2018.**

### I. BIOGRAPHICAL INFORMATION

Student's Name: \_\_\_\_\_

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

(street)

(apt. #)

(city)

(state)

(zip code)

Home Phone: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

High School attending : \_\_\_\_\_

College/ University you plan to Attend: \_\_\_\_\_

Ethnic Background: (please check) African-American Asian Caucasian

Latin-American Native- American

Other \_\_\_\_\_

Parents' Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ Phone: (home) \_\_\_\_\_

(work) \_\_\_\_\_ (work) \_\_\_\_\_

If the child resides with a guardian, instead of a parent, please complete below:

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

## II. ACADEMIC INFORMATION

Please list any other scholarships you have received and the amount

\_\_\_\_\_

Honors Received and Year

\_\_\_\_\_

List of involvement in sports or other school activities

\_\_\_\_\_

Hobbies \_\_\_\_\_

## III. ESSAY

A typed 300-500-word essay on how applicant has experienced tragedy in the loss of their Parent/Legal Guardian In which the recipient has overcome to achieve academic excellence.

## IV. RECOMMENDATION LETTER

Letter of Recommendation by teacher, counselor, or community leader

## V. Certification/ Photographic Permission

I hereby certify that information on this application is complete and correct to the best of my knowledge. I hereby grant permission to Yolanda's Kids Corner Childcare to contact my school, if necessary, and to use my name, likeness, and photograph in promotional materials in the event that I am selected to receive this one- time scholarship.

**Signature of applicant** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent/ Guardian** \_\_\_\_\_ Date \_\_\_\_\_

*\*\* Qualified Candidates will contacted directly for interviews for further consideration as a recipient for the Calvin Ellis Jr. Memorial Scholarship\*\*.*

**SCHOOL OFFICAL SIGNATURE PAGE**  
**( Must be Submitted with your application)**

**TO BE COMPLETED BY SCHOOL OFFICAL ONLY**

Student Name:

School Name:

TELEPHONE No:

School Address:

Is this student in the current graduating class and meets eligibility requirements? YES\_\_\_ NO\_\_\_

Official's Name :

Official's Title:

Official Signature

Date

# Scholarship Information Sheet

The **Calvin Ellis Jr. Memorial Scholarship** is being created in the memory of our loved one, Calvin Ellis Jr. who we tragically lost in 1999. He has left a legacy of integrity, hard work, and leadership for all to emulate. The scholarship will be awarded to a college bound high school senior of the Philadelphia area who has shown perseverance in the midst of adversity as well as academic achievement.

## **Recipient Requirements:**

- Resident of Philadelphia
- Complete Application
- SCHOOL OFFICIAL SIGNATURE PAGE
- GPA 2.50 minimum (Recent Report card or transcript Receipt must be submitted)
- Must be attending a 2 or 4 year College/University in Fall 2018 (Acceptance Award letter required before awarded )
- A typed 300-500-word essay on how applicant has experienced tragedy in the loss of their Parent/Legal Guardian In which the recipient has overcome to achieve academic excellence.
- Letter of Recommendation by teacher, counselor, or community leader



*Consideration will be weighed on academic achievement, community service, and activity involvement*

**Amount:** Scholarship will be in the amount of \$2,500 awarded in one installment directly to awardees school of choice

**Deadline:** The application deadline is March 12, 2018  
( Applications must be **post marked** March 12, 2018)

**Award date:** June 2018

## **Contact Information of Donors:**

**Mr. Douglas Ford, Fund Creator and Manager**

(c) 267-297-9010, email: [philanew@gmail.com](mailto:philanew@gmail.com)

**Ms. Dominique Ellis M.Ed, Fund Creator and Manager**

(c) 267-259-5973, email: [yloveschildren@aol.com](mailto:yloveschildren@aol.com)

**Please forward all mailings and completed applications to:**

**Yolanda's Kids Corner Daycare Center  
4815 Old York Road  
Philadelphia, PA 19141  
Attn: Scholarship Foundation**

## CHECKLIST



- ✓ GPA 2.50 Minimum (Recent Report card or Transcript Receipt submitted)
- ✓ Letter of Recommendation by teacher, counselor, or community leader
- ✓ College /university Acceptance letter (required by June 2018)
- ✓ A typed 300-500-word essay on how applicant has experienced tragedy in the loss of their Parent/Legal Guardian In which the recipient has overcome to achieve academic excellence.
- ✓ Completed and submitted application (post marked March 12, 2018)
- ✓ SCHOOL OFFICAL SIGNATURE PAGE