**CALVIN ELLIS JR. MEMORIAL SCHOLARSHIP APPLICATION**

*Yolanda’s Kids Corner Childcare*

*4815 Old York Rd.*

*Philadelphia, PA 19141*

*www.yolandaskidscorner.com*

| **Academic School Year 2023-2024** |
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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:**

**April 21, 2023.**

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: |
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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** |
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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 be contacted directly for interviews for further consideration as a recipient for the Calvin Ellis Jr. Memorial Scholarship\*\*.*

SCHOOL OFFICIAL SIGNATURE PAGE ( Must be Submitted with your application)

| **TO BE COMPLETED BY SCHOOL OFFICIAL ONLY** |
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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 2023 (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 April 21, 2023

( Applications must be **postmarked** April 21, 2023)

**Award date:** June 2023

**Contact Information of Donor:**

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

(c) 215-908-7202, email: educatedmindzllc@gmail.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**

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✓ 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 2023)

✓ 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 (postmarked April 21, 2023)

✓ SCHOOL OFFICIAL SIGNATURE PAGE