



ELITE ONES ORGANIZATION, INC

SCHOLARSHIP APPLICATION

www.eliteoneskids.org

INSTRUCTIONS:

1. Deadline for Application is _____. Application postmark after will not be accepted.
2. DO NOT LEAVE ANY ITEM BLANK. ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED.
3. Keep a copy of the application for your records.
4. Attach a copy of your college transcript.

CRITERIA:

1. You must be a resident of New York City.
2. Must be enrolled in high school, or a 2 or 4 year undergraduate program or be enrolled for the upcoming semester.
3. Must have a GPA of 2.5 or better.
4. Two (2) signed letters of recommendation (from a non-relative) which must be attached to the application.
5. Demonstrate financial need.

APPLICANT'S DATA:

LAST NAME

FIRST NAME

MIDDLE INITIAL

PERMANENT HOME ADDRESS:

No. & Street Name

City/State

Zip Code

Cell Number

Alternate Telephone Number

Email Address

Date of Birth

☐ U.S. CITIZEN

☐ PERMANENT RESIDENT

EDUCATION DATA

PART A (CURRENT/COMPLETED)

Name of College: _____

Major Field of Study: _____ Dates Attended: _____

Number of Completed Credits: _____ Graduation Date: _____

PART B (PROJECTED/PLANNED)

Projected School of Attendance: _____

Proposed Field of Study: _____

Years You Will Attend: _____

Credits Registered For: _____

BACKGROUND

In a short paragraph, give us some background information about yourself. Include part-time or volunteer work you have held, your extra-curricular activities and organizations you may be affiliated with.

CONTACT INFORMATION:

PARENT or GUARDIAN DATA: (Please indicate with whom you reside)

Mother's Name: _____ Father's Name: _____

Guardian's Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

OTHER ADDRESS IF DIFFERENT FROM THE ABOVE:

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

FINANCIAL INFORMATION:

WEEKLY, BI-WEEKLY OR MONTHLY EARNINGS: _____

PLEASE ATTACH A COPY OF YOUR PAYSTUB

NOTE:

PLEASE SUBMIT COMPLETED APPLICATION TO THE ADDRESS INDICATED OR EMAIL US AT:

eliteoneskids1st@gmail.com

The Elite Ones Organization, Inc.

393 East 96th Street

Brooklyn, NY 11212

Attn: Ms. Sherma Richards

If you are selected for a scholarship, you will be notified via phone or email.

By signing this application, I authorize The Elite Ones Organization, Inc. to make inquiries related to the information provided. I am also aware that any false information provided in this application shall be deemed null and void, and I will be totally disqualified.

Applicant's Signature

Applicant's Name (PRINT)

DATED:

DISCLAIMER:

Information provided on this form will be kept strictly confidential and will only be used to determine the scholarship award.