



EBONY YOUTH FOUNDATION SCHOLARSHIP APPLICATION INSTRUCTIONS

The objective of the scholarship program is to encourage and assist talented students. The awards are aimed at providing a source of financial support for graduating high school students OR students currently enrolled in an accredited post-secondary institution. Relatives and associates of Ebony Boat Club (EBC) members are also eligible for an Ebony Youth Foundation (EYF) scholarship if they meet the following requirements

Applicants must be a high school senior, have applied or have been accepted at a qualifying post-secondary institution (accredited college or university) or currently attending a qualifying post-secondary institution, and must have at least a 2.00 (C) GPA.

• All applicants must **COMPLETE** and submit a typed (all questions answered and signed) Ebony Youth Foundation (EYF) scholarship application and include the following items in your packet:

1. **Letter of acceptance** from a qualifying post-secondary institution (accredited college or university).
2. At least two (2) letters of recommendation describing the applicant's personality, integrity and leadership potential.
 - **1 must be from an Ebony Boat Club (EBC) member.**
 - 1 school official or community leader.
3. Applicants must submit an official transcript in a **sealed envelope**.
4. A **photograph** suitable for publication is required. *If you are selected as a recipient of an Ebony Youth Foundation Scholarship Award your picture will be used in the Inaugural Ball Program and the Ebony Boat Club's Beacon Newsletter and other publications to promote the Ebony Youth Foundation Scholarship Program.*

****Completed application packet must be POSTMARKED BY JUNE 1, 2020****

*All finalists must participate in an **oral interview** with the Scholarship Selection Committee.*

For further information, please contact:
Janet V. Noyd, Scholarship Chair at (510) 366-4045
Janetjakrabit@aol.com

Applications must be submitted to:
EBC SCHOLARSHIP COMMITTEE
P.O. BOX 796 STOCKTON, CA. 95201

EBONY YOUTH FOUNDATION SCHOLARSHIP APPLICATION

PLEASE TYPE

Name (Last, First, Middle) Social Security No. _____

Address (Number, Street, City, State, Zip Code) Birth Date _____

Home Phone Message Phone _____

Have you ever received an EYF or EBC scholarship? Yes___ No___ If Yes What Year _____

Name of High School / College Location Telephone GPA

Parents Name and Occupation

Total Family Gross Annual Income: (please check one)
\$ 0.0 - \$ 44, 000 _____ \$ 45,000 - \$74,999 _____ \$75,000 & Above _____

Do you have a relative or friend associated with the Ebony Boat Club? Yes _____ No _____
If yes Please provide the person or persons name(s) below.

Name of College/ University of Acceptance City, State

Field of Emphasis / Intended Major

List any other awards received or acknowledgements (List \$\$ if monetary and year received)

Please answer each of the following questions, in twenty-five (25) words or less (use additional sheets as needed, numbering each answer accordingly):

1. Skills and Special Talents / Leadership Roles:

2. Community Activities and / or Work Experience:

3. What are your career goals?

4. How do you expect to achieve your goals?

5. Who is your mentor and how is he / she helping you?

6. How will this award benefit you?

7. Please share other facts not covered that you feel are important.

****APPLICATION PACKETS MUST BE POSTMARKED BY JUNE 1, 2020****

Applicant Signature

Date

REFERENCES

List a minimum of three (3) references and attach (2) letters of recommendations

Name: _____ Relationship _____

Address _____ City / State _____

Name: _____ Relationship _____

Address _____ City / State _____

Name: _____ Relationship _____

Address _____ City / State _____

By my signature I attest to the information provided by me in this application to be factual and true.

Signature _____ Date _____

DID YOU:

- ANSWER ALL QUESTIONS ON THE APPLICATION
- SIGN & DATE THE APPLICATION
- INCLUDE A COPY OF YOUR LETTER OF ACCEPTANCE
- INCLUDE AN EBONY BOAT CLUB MEMBER LETTER OF RECOMMENDATION
- INCLUDE ONE LETTER OF RECOMMENDATION FROM SCHOOL OFFICIAL OR COMMUNITY LEADER
- INCLUDE OFFICIAL TRANSCRIPT IN A SEALED ENVELOPE
- INCLUDE ONE PHOTOGRAPH SUITABLE FOR PUBLICATION

**** APPLICATION PACKET MUST BE POSTMARKED BY JUNE 1, 2020 ****

This Section Is For Official Use Only

Print Name (Scholarship Committee Chairperson)

Authorized Signature

Date

Print Name (Scholarship Committee Chairperson)

Authorized Signature

Date

Amount of grant recommendation: \$ _____

Print Name (EYF President)

Authorized Signature

Date

Print Name (EYF Treasurer)

Authorized Signature

Date

DENIAL: Reasons for non-selection of applicant based on related selection criteria

