

**Application Due Date: May 31, 2026**

**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 2026 graduating high school senior;
- Show proof of acceptance to and enrollment in an accredited college/university or vocational program in the fall of 2026;
- 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.
- **Proof of enrollment.** A copy of your first college semester's course schedule

**The due date to apply for the scholarship is May 31, 2026.** All applications, transcripts, letters of recommendation and supporting documents must be submitted no later than this date.

\*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.)

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M  F

**HIGH SCHOOL INFORMATION**

High School Name: \_\_\_\_\_

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/POSTSECONDARY SCHOOL PLANNING TO ATTEND**

College Name: \_\_\_\_\_

College Address: \_\_\_\_\_  
Street City State Zip

Major: \_\_\_\_\_

**SUBMIT SUPPORTING ATTACHMENTS**

- Official Transcripts
- ACT/SAT Report
- Acceptance Letter
- Enrollment Verification
- Essay
- 4 Letters of Recommendations:
  - ✓ Pastor or Church Auxillary Leader
  - ✓ Community Service Leader
  - ✓ 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 #: \_\_\_\_\_ Church Website: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Accepted

Declined

Incomplete

