

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

