



PLEASE READ ACCOMPANYING INSTRUCTIONS FOR COMPLETING THIS APPLICATION.

ALL STUDENTS MUST SEND COPIES OF THEIR MOST RECENT REPORT CARD AND FAMILY INCOME VERIFICATION WITH THIS APPLICATION

Applicant Information (The applicant is the student. One student per application.)

Student Name: _____ Year of H.S. Graduation: _____

Address: _____

City/State/Zip: _____ Home Phone #: (____) _____

School: _____ School I.D. _____

Social Security #: _____ D.O.B. ____/____/____

Race (optional): _____ Email: _____

Language(s) spoken in your home _____

Current GPA (circle one): below 2.0 2.0-2.5 3.0-3.5 3.0-3.5 3.5-4.0

I have enclosed a copy of my most recent report card with this application.

Grant Request Summary (Please also complete detailed Grant Request Information section on page 3.)

Amount of money being requested: \$ _____

What money will be used for: _____

FOR OFFICE USE ONLY (applicants - please do not write in this section)

DATE RECEIVED: _____		Amount Awarded: _____ Check #: _____ Payable to: _____	Contact Notes:
New / Renewal (circle one)			
PAST AWARD AMOUNTS: 2007 _____ 2006 _____ 2005 _____ 2004 _____	GRADES _____ Good Average Low (circle one)	<input type="checkbox"/> APPROVED Date: _____	
	INCOME VERIFICATION _____ (Check only if included)	<input type="checkbox"/> DENIED Date: _____ Reason : _____	
	<input type="checkbox"/> 2006 Taxes <input type="checkbox"/> DPA <input type="checkbox"/> SSI	<input type="checkbox"/> INCOMPLETE Date: _____ Reason : _____	
	<input type="checkbox"/> Disability <input type="checkbox"/> Unemployment <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Worker's Comp	MEMO SENT: / /	

MAIL TO: THE ELLIS TRUST
 215 South Broad Street, 5th Floor, Philadelphia, PA 19107
 (215) 735-4480 www.wwscholars.org/ellis

Family Information

LIST ALL MEMBERS IN THE STUDENT'S HOUSEHOLD.

Members of Household	Relationship to Applicant	Current Occupation or Grade	Age
1.(Applicant)	XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
List of other contributors to household:	Relationship to applicant	Occupation	Age

Parent Information

COMPLETE THE FOLLOWING INFORMATION REGARDING PARENTS/GUARDIANS RESIDING AT THIS ADDRESS:

Marital Status (Check One) Married Single or Widowed Legally Separated or Divorced
(Provide documentation)

Check: Mother Stepmother Guardian Other: _____

NAME _____

Check: Father Stepfather Guardian Other: _____

NAME _____

Financial Information

CHECK ONE:

I have filed a 2006 1040 or 1040A form with the IRS. I **have attached** a signed copy of all pages of my completed *2006 United States IRS Form 1040* tax return. (Do not send Pennsylvania tax forms or merely a W2).

I do not file taxes. I have listed the sources of income and amounts, and I have **attached **recent and up-to-date** statements for each source.**

Please enter amounts for all sources of family income.
Included in this section are income sources which may not appear on your taxes.
Please send documentation for each item.

Income and Benefits	Gross Yearly Totals
Social Security/Disability	
Child Support received for all children	
Welfare Benefits (Food Stamps & Cash)	
Worker's Compensation	
Father's/Guardian's Wages	
Mother's/Guardian's Wages	
Interest/Dividend Income	
Business Income	
Unemployment Compensation	
Other	

Grant Request Information

SCHOOL NEEDS: (check all that apply)

Uniforms Tokens School supplies and books Senior class dues Graphing calculator
 Other: _____

AFTER-SCHOOL, EXTRA-CURRICULAR, OR SUMMER PROGRAMS:

NAME OF PROGRAM: _____

Location: _____

Cost of program: \$ _____ **Description of Program:** _____

Specify Dates/Days/Times you plan to attend: _____

Program Director's Name / Contact Information: _____

Address/City/State/Zip: _____

Phone/Fax/Email/Website: _____

Make check payable to: _____

I have attached printed materials or a brochure which describes the after-school, extra-curricular, or summer program I wish to attend.

