



Ivy Educational & Charitable Foundation of Houston, Inc. Scholarship Award Application 2020

OUR MISSION

Empower, Encourage and Educate youth to Elevate their quality of life in Houston and beyond.

GENERAL INFORMATION

The **Ivy Educational & Charitable Foundation of Houston** will award scholarships to graduating high school African American students, from a Houston area school.

The Ivy Educational & Charitable Foundation of Houston, Inc. (IEACF) expects all winners of this scholarship to continue the high academic standards that they displayed in high school. **The Scholarship winners are required to maintain a cumulative semester average of at least a “C+” and above according to your university or college standards.** If the average falls below a “C+” the recipient will be placed on probation for a semester. If the average has not increased to a C+ after the probationary period, the scholarship will not be renewed. There will only be one probationary period allowed during the duration of the scholarship.

Only scholarship winners will be notified and an applicant can only win one (1) scholarship award. All information obtained in this application will be held in strictest confidence and will not be returned to applicant.

SEND ALL INFORMATION POSTMARKED BY– June 15, 2020 to:

Bayana Sumbry-Taylor
IEACF Scholarship Chairman
P. O. Box 31412 Houston, TX 77231-1412
or upload complete documents to
scholarship@ivyeacf.org

Connie Steward, President
Ivy Educational & Charitable Foundation of Houston
Please visit our website www.ivyeacf.org

2020 scholarship applications must be postmarked by June 15, 2020 (NO Exceptions)



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APPLICATION PACKAGE

A complete application package MUST include:

- A completed IEACF scholarship application (*Preferably typed, or neatly written in blue or black ink will be permitted. We are not responsible if application is not legible. No pencil.*)
- Your official transcript that includes STAAR scores,
- Original essay (*limit of 500 words typed and double-spaced*) in which you
 - (a) state why you expect to be successful in college
 - (b) indicate how this scholarship will help you achieve your success
- Documentation of acceptance to institutions of higher education
- A recent photo (*No selfies; photo will not be returned*)
- A copy of your FAFSA4caster or FAFSA Estimated Federal Student Aid Eligibility report, with calculated EFC (Estimated Family Contribution). You will need 2019 Federal Income Tax Return information. The FAFSA4caster website is <https://fafsa4caster.ed.gov>. See your school counselor for instructions.

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APPLICANT INFORMATION

First Name Last Name Middle Name

Address Apt/Unit # City State Zip

SSN Email

Phone Cell Date of Birth Age Date

FAMILY INFORMATION

Father's Name Last Name Middle Name

Address Apt/Unit # City State Zip

Phone Occupation

Mother's Name Last Name Middle Name

Address Apt/Unit # City State Zip

Phone Occupation

Number of dependent children Number of siblings currently in college

FINANCIAL: Please check the amount that best describes your family's annual gross income:

- Less Than \$10,000
 \$10,000 to \$20,000
 \$20,001 to \$30,000
 \$30,001 to \$40,000
 \$40,001 to \$50,000
 \$50,001 to \$60,000
 \$60,001 to \$70,000
 \$70,001 to \$80,000
 \$80,001 to \$90,000
 \$90,001 or above

HIGH SCHOOL INFORMATION

High School Number in Graduating Class

Last Semester's GPA Cumulative GPA (last 4 years rank in graduating class)

COLLEGES/UNIVERSITIES YOU'VE APPLIED FOR ADMISSION *(continue on additional page if necessary)*

College/University Name City/State

College/University Name City/State

College/University Name City/State

SCHOLARSHIPS OR LOANS YOU HAVE APPLIED FOR *(continue on additional page if necessary)*

Scholarship/Loan	Amount

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OUTSTANDING HONORS AND AWARDS EARNED IN HIGH SCHOOL *(continue on additional page if necessary)*

Honors	Awards

LEADERSHIP OFFICES HELD IN HIGH SCHOOL ORGANIZATIONS *(continue on additional page if necessary)*

Clubs, Social Activities, Community Organizations	Number of Years	Offices Held

COMMUNITY SERVICES *(continue on additional page if necessary)*

Project	Project Dates	Number of Hours

EXTRACURRICULAR ACTIVITY PARTICIPATION *(continue on additional page if necessary)*

Name of Activity	Number of Years

DISCLAIMER & S

I certify that my answers are true and complete to the best of my knowledge. If chosen as a recipient, I understand that false or misleading information in my application may result in the loss of this award.

Signature/Date

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