



Revised 8/2018

Public and Charter School Students

Eligibility

Grants from The Ellis Trust are awarded to girls in grades nine through twelve who meet the following criteria:

- Live in Philadelphia.
- Live in a household where one or both parents are absent, or mentally or physically disabled.
- Meet the family income eligibility requirements listed below for reduced-priced lunch under the National School Lunch Program.
- Have grades of "C" or better in major school subjects.
- Are making academic progress toward timely graduation.
- Can prove their dependency status (name appears on their family's tax return or DPA document).
- Are in a family that does not own property other than their primary home.

Please note: Single parent households are defined as households with one adult, over the age of 18, living in the household. This does not include adult children or grandparents claimed as dependents on tax returns.

Income Guidelines

Families of girls need to meet the income eligibility requirements for reduced-priced lunch under the National School Lunch Program. Gross family income (income before taxes) must not exceed the amounts listed below. Gross family income includes wages, salaries, Department of Public Assistance (DPA) payments, disability payments, worker's compensation payments, Social Security payments, child support payments, etc. earned or received by the student and other family members living in the household during 2017, as well as any contributions from family members not living with the student.

Family Size Maximum Income

2	\$30,451
3	\$38,443
4	\$46,435
5	\$54,427
6	\$62,419
7	\$70,411
8	\$78,403

Add \$7,992 for each additional person in a family with more than eight members.

Please copy this page for your records.

The Charles E. Ellis Trust, c/o Philadelphia Futures
230 S. Broad Street, 7th Floor, Philadelphia, PA 19102
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Email: ellistrust@philadelphiafutures.org Web: www.ellistrust.org



Rev 8/2018

Public and Charter School Application, 2018 - 2019
Please read the eligibility requirements before completing this application.
Please print clearly.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Philadelphia, PA Zip Code: _____ Home Phone: _____

Student Email: _____ Student Cell: _____

Parent Email: _____ Parent Cell: _____

Name of High School you will attend in 2018-2019: _____

Year of High School Graduation: _____ Race/Ethnicity: _____

PARENT INFORMATION

Custodial Parent/Guardian Name: _____

Current Marital Status: Never Married Separated Divorced Widowed Married

If applicable, please list disabled parent's name: _____

If you are in foster care, please provide written documentation, and complete the following:

Name of Social Worker: _____

Telephone of Social Worker: _____

Email Address of Social Worker: _____

STUDENT PERSONAL STATEMENT

On a separate sheet, please submit an essay describing your family and home life and how this grant will make a difference in your life. Please limit your response to 500 words or less. Personal Statement must be completed by the student.

MOST CURRENT REPORT CARD

I have included a copy of my most recent report card. Yes No
(Application will not be processed without most current official report card.)



FINANCIAL INFORMATION

Please provide information on the income received by anyone in your household:

What was your total household income for 2017? _____

For 2017, has your custodial parent completed his/her IRS income tax return?

My parent has already completed his/her return. *(Please attach a copy of page 1 and 2, along with schedule C and E, if applicable.)*

My parent is not going/did not to file.

In 2018, did you, your parents, or anyone in your parent’s household, receive any benefits from any of the federal programs listed? *(If yes, please attach requested documentation.)*

-Supplemental Security Income * **Yes** **No**
-Social Security Retirement Benefits* **Yes** **No**

** Please submit a copy of the 2017 SSA-1099 or a notification letter from the SSA regarding your benefits.*

-Food Stamps** **Yes** **No**
-Temporary Assistance for Needy Families (Cash Assistance) ** **Yes** **No**

***Please submit a copy of notice detailing amount received and names of those covered by the benefits.*

-Is any member of your household receiving Unemployment Compensation? **Yes** **No**
Please submit a copy of the most current Notice of Financial Determination.

-Is any member of your household receiving Worker’s Compensation? **Yes** **No**
Please submit a copy of the most current benefit notice.

-Did your parent receive child support for any of your parent’s children? **Yes** **No**
Please submit a PACSES printout indicating amount and frequency received.

-Did your parent receive foster care payments for any member of the Household? **Yes** **No**
Please submit documentation indicating amount and frequency received.



HOUSEHOLD INFORMATION

(Print as legibly as possible)

How many people live in your household? _____

Please list ALL members living in your household:

Name <i>(First & Last)</i>	Relationship to Student	Age	Grade/Occupation	If child is under the age of 19, is the other parent disabled or deceased?	Monthly Child Support Received (\$)*

If the child does not receive monthly child support, **do not leave blank. Indicate no child support received with “\$0”*



REQUEST FOR ACADEMIC ENRICHMENT PROGRAM OR ACTIVITY

Name of Program: _____

Cost of Program: _____

Start Date: _____ End Date: _____

Contact Information:

Program Contact/Official Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

CERTIFICATION

We certify that all of the information and supporting documentation provided is true and complete to the best of our knowledge. We understand that this application is being filed jointly by all signers and if we have knowingly withheld or falsified information or supporting documentation, the grant may be rescinded. If requested, we agree to give proof of the information given on this application. **We understand that if the required documentation is missing or requested proof is not provided, this application will not be processed and the student will not receive a grant from the Ellis Trust.**

We give our permission for the school(s) or program(s) listed in this application to release and/or discuss grade reports and financial information with the Ellis Trust and its administration. All information remains confidential.

Signature of Student

Date

Signature of Parent

Signature of School or Program Official

Date

Print Official's Title and Name

Please mail completed application to
Charles E. Ellis Trust for Girls
c/o Philadelphia Futures
230 S. Broad St, 7th Floor
Philadelphia, PA 19102
Phone: (215)-790-1666, ext. 442
Fax: (215)-735-4485