



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 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 2015, as well as any contributions from family members not living with the student.

Family Size Maximum Income

1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647

Add \$7,696 for each additional person in a family with more than eight members.

Please keep this page for your records.



Public and Charter School Application, 2016 - 2017

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: _____ Cell Phone: _____

E-mail Address: _____

Name of High School you will attend in 2016-2017: _____

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

PARENT INFORMATION

Custodial Parent/Guardian Name: _____

Current Marital Status: Never Married Separated Divorced Widowed

Married 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: _____

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 report card.)

HOUSEHOLD INFORMATION

How many people live in your household? _____

Please list all members living in your household.

Name	Relationship to Student	Age	Grade/Occupation	If child is under the age of 19, is other parent disabled or deceased?
	self			

FINANCIAL INFORMATION

Please provide information on the income received by anyone in your household. For 2015, 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 2015, did you, your parents, or anyone in your parent’s household, receive any benefits from any of the federal programs listed below? (If yes, please attach requested documentation.)

Supplemental Security Income ____Yes ____No

Social Security Retirement Benefits ____Yes ____No

Please submit a copy of the 2016 notification letter from the SSA regarding your benefits.

Food Stamps ____Yes ____No

Temporary Assistance for Needy Families (Cash Assistance) ____Yes ____No

Please submit your most current notice detailing amount received and dependent names.

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.

REQUEST FOR SAT PREP OR SUMMER ENRICHMENT PROGRAM

Name of Program: _____

Cost of Program: _____

Start Date: _____ End Date: _____

Contact Information:

Program Contact Person's Name: _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

We certify that all the information and supporting documentation is true and complete to the best of our knowledge. We understand if we have knowingly withheld or falsified information, the grant may be rescinded.
We understand that if the required documentation is missing, this application will not be processed.

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.

Date: _____

Signature of Parent/Guardian

Signature of Student

Signature School or Program Official

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Telephone Number

Print Official's Title and Name

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