



## 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 2017, as well as any contributions from family members not living with the student.

#### Family Size Maximum Income\*

<b>2</b>	\$30,044
<b>3</b>	\$37,777
<b>4</b>	\$45,510
<b>5</b>	\$52,243
<b>6</b>	\$60,976
<b>7</b>	\$68,709
<b>8</b>	\$76,442

Add \$7,733 for each additional person in a family with more than eight members. (\*2017-2018 Guidelines)

**Please copy this page for your records.**



**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 Address: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

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 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:

What was your total household income for 2017? \_\_\_\_\_

For 2017, did custodial parent complete his/her IRS income tax return?

\_\_\_\_ My parent has already completed his/her tax 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, do 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 2018 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

*If yes, submit a PACSES printout indicating amount and frequency received.*

*If no, submit a notarized statement affirming that you do not receive child support for any of the children living in your household.*

-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 ACADEMIC ENRICHMENT PROGRAM OR ACTIVITY**

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

( ) \_\_\_\_\_  
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, 7<sup>th</sup> Floor  
Philadelphia, PA 19102  
Phone: (215) 790-1666, ext. 442  
Fax: (215) 735-4485