



The Gailen and Cathy Reeves Center
For Community Empowerment

4126 S Arlington Avenue, Los Angeles, CA 90008, www.gcrcla.org

Applicant Name: _____

Please review your responses and sign your name below. Your signature will confirm that the information provided is accurate and true and authorizes your school to release the information requested.

I certify that I am a graduating senior in good standing at _____

High School and expect to enroll at _____ University/College in

August/September of the year immediately following my high school graduation.

Scholar's Signature _____

Date _____

Ways to submit your application, essay, official sealed school transcript, school certification form, and recommendation letters to the address below:

*The Gailen and Cathy Reeves Center for Community Empowerment
4126 S. Arlington Avenue
Los Angeles, CA 90008-4028
Attention: Stephanie Farmer
(323) 293-8535*

***Mailed Ford Reynolds Star Applications must be postmarked by
Tuesday, April 30, 2024***

or

Applications can be emailed to: info@gcrcla.org

and must be received by 11:59 p.m. on Tuesday, April 30, 2024

If sent via email, official sealed school transcripts, school certification form, and recommendation letters must be postmarked Tuesday, April 30, 2024.



CERTIFICATION BY SCHOOL OFFICIAL

Please provide the data requested below and attach an official transcript of grades.

Name of student: _____

High School: _____

Please provide the data requested below and attach an official transcript of grades.

Name of student: _____

High School: _____

TEST SCORES (optional)

A School administrator/coordinator may enter the scores below.

SAT Test Date _____ SAT Scores: Verbal _____ Math _____ Writing _____

ACT Test Date _____ Composite Score: _____

Passed both parts of CAHSEE: Yes _____ No _____

Is the student a high school senior? Yes _____ No _____

Anticipated Graduation Date: _____

A-G Grade Point Average _____ Cumulative Grade Point Average _____

Name: _____ Title: _____

Signature: _____ Date: _____



CONFIDENTIAL REFERENCE ON SCHOLARSHIP APPLICANT

Name of student: _____

FACULTY MEMBER'S NAME: _____

Dear Faculty Member:

The Gailen and Cathy Reeves Center for Community Empowerment Scholarship Committee is dependent upon and most appreciative of your careful appraisal and best estimate of the above-named student's potential. Your judgment allows us to objectively determine award winners on an individual basis, and also make special comparisons. Your recommendation should include as much information as possible and any unusual circumstances noted in the narrative section of this form. Thank you very much for your consideration and efforts.

(Please place a check in the square that you feel best describes the student.)

Rating	Scholarship	Potential	Personal Characteristics
Outstanding			
Excellent			
Good			
Fair			
Poor (please explain)			

COMMENTS

All information is confidential and any additional narrative regarding the applicant's scholarship, leadership, attitude, determination, ambition, etc. will be most helpful. (If you need more space, please attach an additional letter to this recommendation.)

Signature of Faculty Member

Department

Date



CONFIDENTIAL REFERENCE ON SCHOLARSHIP APPLICANT FROM COMMUNITY SERVICE

Name of student: _____

Supervisor of Community Service: _____

Dear Supervisor Writer:

The Gailen and Cathy Reeves Center for Community Empowerment Scholarship Committee is dependent upon and most appreciative of your careful appraisal and best estimate of the above-named student's potential. Your judgment allows us to objectively determine award winners on an individual basis, and also make special comparisons. Your recommendation should include as much information as possible and any unusual circumstances noted in the narrative section of this form. Thank you very much for your consideration and efforts.

(Please place a check in the square that you feel best describes the student.)

Rating	Scholarship	Potential	Personal Characteristics
Outstanding			
Excellent			
Good			
Fair			
Poor (please explain)			

COMMENTS

All information is confidential and any additional narrative regarding the applicant's scholarship, leadership, attitude, determination, ambition, etc. will be most helpful. (If you need more space, please attach an additional letter to this recommendation.)

Signature of Community Service Recommender

Department

Date



CONFIDENTIAL REFERENCE ON SCHOLARSHIP APPLICANT

Name of student: _____

RECOMMENDER'S NAME: _____

Dear Recommender Writer:

The Gailen and Cathy Reeves Center for Community Empowerment Scholarship Committee is dependent upon and most appreciative of your careful appraisal and best estimate of the above-named student's potential. Your judgment allows us to objectively determine award winners on an individual basis, and also make special comparisons. Your recommendation should include as much information as possible and any unusual circumstances noted in the narrative section of this form. Thank you very much for your consideration and efforts.

(Please place a check in the square that you feel best describes the student.)

Rating	Scholarship	Potential	Personal Characteristics
Outstanding			
Excellent			
Good			
Fair			
Poor (please explain)			

COMMENTS

All information is confidential and any additional narrative regarding the applicant's scholarship, leadership, attitude, determination, ambition, etc. will be most helpful. (If you need more space, please attach an additional letter to this recommendation.)

Signature of Recommender

Department

Date



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ESSAY

Please provide your answer to one of the essay questions here. ***The essay should follow this format: typed 10-point font, 1" margins, double spaced, and between 500-750 words.*** If you need more space, please attach an additional sheet.