

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 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 Reevers Center for Community Empowerment 4126 S. Arlington Avenue Los Angeles, CA 90008 Attention: Stephanie Farmer (323) 293-8535 Mailed Ford Reynolds Star Applications must be postmarked by Friday May 1, 2026

OR

Emailed applications can be emailed to: <u>info@gcrcla.org</u> and must be emailed by 11:59pm on *Thursday April 30, 2026*. If sent via email, official sealed school transcripts, school certification form and recommendation letters must be postmarked *Friday May 1, 2026*.



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 b	elow and attac	h 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 S	cores: Verbal Math Wr	riting
ACT Test Date	Composite Score:		
Passed both parts of CAHSEE:	Yes	No	
Is 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 Reevers 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.

(Pleas 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 Reevers 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.

(Pleas 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

Date



CONFIDENTIAL REFERENCE ON SCHOLARSHIP APPLICANT

Name of student: ______

RECOMMENDER'S NAME: _____

Dear Recommender Writer:

The Gailen and Cathy Reevers 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.

(Pleas 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