



The Gailen and Cathy Reeves Center  
For Community Empowerment

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 Reeves Center for Community Empowerment  
4126 S. Arlington Avenue  
Los Angeles, CA 90008  
Attention: Stephanie Farmer  
(323)293-0977*

***Mailed Ford Reynolds Star Applications must be postmarked by  
Saturday, May 9, 2026***

OR

**Emailed applications can be emailed to: [info@gcrcla.org](mailto:info@gcrcla.org)  
and must be emailed by 11:59 pm on *Saturday, May 9, 2026*.  
If sent via email, official sealed school transcripts, school certification form and  
recommendation letters must be postmarked *Saturday, May 9, 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 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 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.)

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\_\_\_\_\_  
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.)

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\_\_\_\_\_  
Signature of Community Service Recommender

\_\_\_\_\_  
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.)

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\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date