

Ken-Ton Friends of Youth Foundation, Inc.

Elsie Jepson Memorial Award

Due No Later Than February 1, 2025

Must graduate or receive GED by June 2025

The Elsie Jepson Memorial Award was established in March 2004 to honor the memory and spirit of Elsie Jepson, Ken-Ton Schools Pupil Services Administrator for over 52 years and a tireless champion for children's rights— especially those with special needs.

The purpose of this educational grant is to give financial assistance to individuals classified by the Committee on Special Education who are continuing their education or to individuals going to school for special education training. This educational award may be used for tuition, fees, supplies to continue your education, uniforms, etc.

The amount of the award will be up to \$1000.00 based on the committee's recommendation.

Criteria that the committee will consider include:

- **Nominee should be a Senior or in their last year of school at the time of applying.**
- **Letter of recommendation from a current instructor. (include with your application.)**
- **Must be a Ken-Ton resident.**
- **In essay form please answer the following questions.** Be specific and use examples. Your words can make the difference. Please put your name at the top of each separate sheet of page you use:

1. What are your educational/vocational goals and plans for the future?
2. What is the name and address of the school you plan on attending?
3. Why should you be considered for the Elsie Jepson Memorial Award?
4. Please explain your circumstances on why you should be selected for this award. (Overcoming's, Hardships, Community Service, etc)

Failure to answer all questions may disqualify you from the program.

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Deadline: All material must be received by *February 1, 2025*

(Please Print or Type)

Nominee's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Date of Birth: _____

School now attending: _____

Year/Grade: _____

Email _____

Teacher or Counselor recommending you for this award:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone #: _____

Parent(s)/ Guardian(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # & email: _____

Please return **four copies of all materials** to:

Ken-Ton Friends of Youth Foundation, Inc.

P.O. Box 607

Kenmore, N.Y. 14217

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