



*Stanley M. Isaacs Neighborhood Center, Inc.  
415 East 93<sup>rd</sup> Street New York, NY 10128*

## **GRANT AWARD APPLICATION**

The Grant Award Program began in 1984 to honor the memory of an Isaacs Center board member, Gerry Manges, because of his dedication to young people. Eligible candidates must have the following criteria to apply: history of involvement with the Isaacs Center, between the ages of 17 – 24, have a financial need, and a plan to use the grant to achieve their educational goals. We provide up to \$4,000 to individuals for educational or career related expenses. The amount of each individual grant varies from year to year based on the financial resources available to the agency. The deadline is 5pm on April 1, 2010. A Grant Award Committee will review your completed application please do not leave any blanks in the form. Finalist will be interviewed on Saturday, May 15, 2010. In order for you to qualify you must also be present at the June Award Ceremony.

**IN ORDER FOR YOUR APPLICATION TO BE ACCEPTED YOU MUST COMPLETE ALL THAT APPLY**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Are you an Isaacs/Homes tenant?    Yes     No

Gender: F     M     Age: \_\_\_\_\_    Date of Birth \_\_\_\_\_

Social Security #:

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### **Family Information**

Indicate the highest level of education attained by parents or guardians:

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Level: \_\_\_\_\_ Level: \_\_\_\_\_

Institution: \_\_\_\_\_ Institution: \_\_\_\_\_

Do any of your siblings attend college? Yes  No

If yes, list the institution(s): \_\_\_\_\_

Are you a parent? Yes  No  If yes, how many children do you have? \_\_\_\_\_

With whom do you live? Mother:  Father:  Both:

Will you live with your parent(s) / guardian(s) while you attend college? Yes  No

Father's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_

**Stanley Isaacs Program Information:**

Have you or any other family members participate(d) in any Stanley Isaacs Programs? Yes  No

If yes, please check all that applies:

- Senior Programs
- PACT
- After-School
- GED
- Take Action
- Leaders in Training
- Legacy
- Beacon
- ESOL Plus
- Teen Action
- Day Camp
- East Harlem Works
- Youth Management Team
- Youth Employment Program
- Volunteer
- Other

Has anyone in your family won an Isaacs Center Award? Yes  No

If yes, indicate the following:

Name	Relationship	Year Awarded Scholarship
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Name	Relationship	Year Awarded Scholarship
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If you are over 24 years of age, please indicate your income: \_\_\_\_\_

Are you employed full time or part-time? Full-time  Part-time

If part-time, please indicate your hourly rate: \_\_\_\_\_

If you are unemployed, how long ago were you employed? \_\_\_\_\_



**Financial Aid Information:**

Do you receive financial aid assistance?

Yes  No

If yes, check below ALL that applies.

<b>Pell Grant</b> <input type="checkbox"/> <b>Amount:</b>	<b>TAP</b> <input type="checkbox"/> <b>Amount:</b>	<b>Loan(s)</b> <input type="checkbox"/> <b>Amount:</b>	<b>Other</b> <input type="checkbox"/> <b>Amount:</b>
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**Applicant's Statement:**

*I understand that withholding pertinent information requested on this application or giving false information will make me ineligible for receiving / applying for the Stanley M. Isaacs' Grant Award. I certify that the statements on this application are correct and complete, including a report of all possible collegiate credit as described in the application for Grant Award Recipient instructions. I give my permission to officials at all institutions I have attended to release information needed by Stanley M. Isaacs Neighborhood Center to substantiate statements I have made on this application.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Essays:**

Please type and attach **all** essays and short answers to the application. The essay / short answer portion is an important factor in our evaluation, so take your time and prepare an outline of what you want to say. We appreciate creativity but also make sure to answer truthfully.

1. Share more about yourself by providing information **not** addressed elsewhere on this application. Describe your passions and special interests. In your opinion, what makes you unique?
2. Describe your relationship with the Isaacs Center. What do you like about your involvement with the agency?
3. Tell the Committee more about your professional and intellectual aspirations and prior personal experiences relevant to your choice of a specific college /training opportunity.
4. What is the biggest obstacle you face in accomplishing your goals? Describe other options you have explored.
5. Imagine you are one of the Grant Award winners. Describe how the grant would be used / allocated to meet your academic needs.

Please mail, e-mail or deliver the application to the following address:

Attention: Edgar Acevedo, Educational Advisor  
Stanley M. Isaacs Neighborhood Center  
415 East 93<sup>rd</sup> Street  
New York, NY 10128

E-mail: [eacevedo@isaacscenter.org](mailto:eacevedo@isaacscenter.org)

If you have any questions, please call 212-360-7625 ext. 220.



**NEW YORK CITY**  
**DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT**  
*SERVING NEW YORK CITY YOUTH, FAMILIES, AND COMMUNITIES*  
 156 William Street  
 New York, New York 10038  
 www.nyc.gov/dycd  
**JEANNE B. MULLGRAV**  
**Commissioner**

**ACADEMIC INFORMATION RELEASE FORM**

(Your child must submit this signed release form in order to take part in the In-School Youth Employment Program.)

I, \_\_\_\_\_, as parent/guardian of  
 \_\_\_\_\_  
 (please print full name of parent/guardian)

\_\_\_\_\_, authorize the New York City  
 \_\_\_\_\_  
 (please print full name of child)

Department of Education (the DOE), local school (other than the DOE), or their representatives, to release information about my child, including, but not limited to, attendance and grades achieved, to the New York City Department of Youth & Community Development (the Department) and its representatives. The information is necessary for the Department and its representatives to develop the child's work plan and related activities. All information will be kept confidential by the Department and its representatives.

(Please Print Parent's/Guardian's Name)	(Parent's/Guardian's Signature and Date)

School Code: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**BELOW FOR OFFICIAL USE ONLY**

The information released to the Contractor will be kept confidential. Failure to maintain confidentiality will subject the Contractor to all the penalties and/or sanctions available under the law and under the contract with the Department.

**Date Received** \_\_\_\_\_

**Contractor's Name** \_\_\_\_\_

\_\_\_\_\_  
 Contractor Representative: (Print Name, Sign and Date)

