c/o Our Lady of the Skies Chapel John F. Kennedy International Airport Terminal 4, Suite 461-037 Jamaica, NY 11430 Phone: (718) 656-5348 Fax: (718) 656-8162 Email: ydephillipsscholarship@gmail.com www.ydephillipsscholarship.org

Yolan J. DePhillips Memorial Scholarship

Thank you for your interest in the Yolan J. DePhillips Memorial Scholarship. This memorial was formed in the Spring of 2011 by JFK IAT, Terminal 4 and Our Lady of the Skies Chapel at JFK International Airport to commemorate the life of Yolan J. DePhillips and to continue her legacy of excellence and generosity posthumously. The amount of the scholarship is \$8,000 and is funded by the JFK IAT Terminal 4 and Our Lady of the Skies Chapel. The scholarship is awarded annually to carefully selected children of JFK employees and/or JFK employees themselves and is open to any field of study at any college-level educational institution in the United States. There will be two awards in 2022 of \$4,000 each. The deadline for submission of the application form and two reference forms is **June 30, 2022**. For more information, go to www.ydephillipsscholarship.org.

c/o Our Lady of the Skies Chapel John F. Kennedy International Airport Terminal 4, Suite 461-037 Jamaica, NY 11430

Yolan J. DePhillips Memorial Scholarship

Phone: (718) 656-5348 Fax: (718) 656-8162 Email: ydephillipsscholarship@gmail.com www.ydephillipsscholarship.org

2022 APPLICATION FORM

The deadline for submission of the Application Form and two Reference Forms is June 30, 2022

Section 1: Persona	al Information				
NAME: FIRST, MIDDLE, L	AST				
MAILING ADDRESS					
PHONE(S)					
EMAIL					
JFK AFFILIATION:	MYSELF	I WORK FOR			
	MY PARENT				
	PARENT'S NAME	COMPANY			
Section 2: Acader	mic Information				
NAME OF CURRENTLY	ATTENDED HIGH SCHOO	OL OR COLLEGE			
GPA HIG	SH SCHOOL RANK	OUT OF	SAT/ACT SCORES	MAJOR	
OTHER IMPORTANT INF	CODMATION ADOLIT VOI		HIEV/EMENTS		
OTHER IMPORTANT INF	-ORMATION ABOUT YOU	UR ACADEMIC AC	HIEVEMENTS		
Section 3: Referen	nces				
Please list individuals who a	re serving as your references	s (two references are l	required). Please use Reference Form		
NAME OF REFERRING PERSON #1			INSTITUTION		
NAME OF REFERRING F	PERSON #2		INSTITUTION		
The Reference Forms can be		ou and then mailed to			

Section 4: Extracurricular ActivitiesList and briefly describe your high school or college extracurricular activities (e.g. membership in organizations, sports etc.)

POSITION HELD	DATES OF INVOLVEMENT
	POSITION HELD

Brief description of your responsibilities:

Section 5: Volunteer ActivitiesList and briefly describe volunteer activities in which you have been involved:

ORGANIZATIONS INVOLVED	ACTIVITY	DATES OF INVOLVEMENT

Brief description of how you participated: