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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](mailto:ydephillipsscholarship@gmail.com)  
[www.ydephillipsscholarship.org](http://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 2019 of \$4,000 each. The deadline for submission of the application form and two reference forms is **September 16, 2019**. For more information, go to [www.ydephillipsscholarship.org](http://www.ydephillipsscholarship.org).

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## 2019 APPLICATION FORM

*The deadline for submission of the Application Form and two Reference Forms is September 16, 2019*

### Section 1: Personal Information

NAME: FIRST, MIDDLE, LAST

MAILING ADDRESS

PHONE(S)

EMAIL

JFK AFFILIATION: ☐ MYSELF I WORK FOR ☐ MY PARENT

PARENT'S NAME

COMPANY

### Section 2: Academic Information

NAME OF CURRENTLY ATTENDED HIGH SCHOOL OR COLLEGE

GPA HIGH SCHOOL RANK OUT OF SAT/ACT SCORES MAJOR

I APPLIED FOR THIS SCHOLARSHIP IN 2016 IN 2017 IN 2018 THIS IS MY FIRST TIME

*If you applied in the last three years you don't need to obtain references (we keep them on file). You must, however, submit the 2019 Application Form.*

### Section 3: References

*Please list individuals who are serving as your references (two references are required). Please use Reference Form*

NAME OF REFERRING PERSON #1

INSTITUTION

NAME OF REFERRING PERSON #2

INSTITUTION

*The Reference Forms can be mailed directly to us or to you and then mailed together as one package.*

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## Section 4: Extracurricular Activities

List and briefly describe your high school or college extracurricular activities (e.g. membership in organizations, sports etc.)

| ORGANIZATIONS INVOLVED | POSITION HELD | DATES OF INVOLVEMENT |
|------------------------|---------------|----------------------|
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Brief description of your responsibilities:

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## Section 5: Volunteer Activities

List and briefly describe volunteer activities in which you have been involved:

| ORGANIZATIONS INVOLVED | ACTIVITY | DATES OF INVOLVEMENT |
|------------------------|----------|----------------------|
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Brief description of how you participated:

