



LGBT Equality Alliance 2017-2018 Scholarship Application

Please complete the application in its entirety.

Incomplete applications will not be considered for scholarship awards.

The scholarship application will open on March 1, 2017 and the deadline for the application to be received is **5:00 PM on May 1, 2017**.

No exceptions!

LGBT Equality Alliance is a non-profit organization in Chester County, serving the lesbian, gay, bisexual, transgender, queer/questioning, and asexual/ally (LGBTQA) community.

Purpose: The LGBT Equality Alliance Scholarships are made possible by generous contributions and funds raised through annual and monthly events in Chester County, PA. The LGBT Equality Alliance Scholarship Program is committed to supporting LGBTQA students with the goal of creating future leaders and activists.

The LGBT Equality Alliance Scholarship is an annual fund awarding ten (10) scholarships valued at \$1,000 to selected high school seniors in and around Chester County.

The award recognizes the growing importance of financial assistance to deserving area LGBTQA students who are active in and supportive of the LGBTQA community. The objective of the scholarship program is to recognize and encourage academic excellence and LGBTQA community involvement, and to offer financial support to meritorious students. Scholarship recipients are chosen by a competitive selection process and will have clearly demonstrated strong skills in key areas, including academic scholarship, leadership involvement, and community service in their application.

Applications will be reviewed by the scholarship committee of LGBT Equality Alliance. There will be no student peer review and all application information will be completely confidential. Notification of awards will be made via email to the address listed on the application form, as well as by phone, and not forwarded to the student's permanent mailing address. You will be notified by email within three weeks of the deadline regarding the status of your application.

LGBT Equality Alliance

PO Box 963 | Phoenixville, PA 19460

P 484.393.LGBT E info@lgbteachesco.org

www.lgbteachesco.org



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Criteria:

1. Students must be a graduating senior in and around the Chester County School Districts and/or volunteer with a Chester County non-profit organization.
2. Students must submit a completed application.
3. Students must demonstrate leadership and excellence through academic achievement and community service in line with the mission of LGBT Equality Alliance.
4. Students must plan to be enrolled at an accredited 2- or 4-year college, university, or vocational/technical school.

Application Process:

Applicants must submit the following items:

1. Completed application form (if handwritten, please print legibly)
2. Letter of application addressed to the Scholarship Committee. The letter should contain a brief explanation of career goals and biographical (background) information.
3. Three (3) letters of recommendation from a choice of high school teachers, administrators, counselors, employers, or individual with significant knowledge of applicant's experience and involvement. Reference letters must illustrate the student's dedication to community involvement, academics, and positive spirit in line with the mission of LGBT Equality Alliance.
4. An official and recent high school transcript with cumulative grade point average and a class standing/rank.
5. Personal Essay. In your essay, please answer the question: What is the value and importance of community service? What community service involvement have you had and how has that impacted your life?

Submit your application form, letter of application, and essay to scholarships@lgbteachesco.org or mail them with the below.

All sealed letters of recommendation and transcripts must be mailed to:

LGBT Equality Alliance
P.O. Box 963
Phoenixville, PA 19460

Deadline for this application is 5:00 PM on May 1, 2017
Applications received after this date and time will not be considered.



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Please **type or print** your answers. If application is illegible it will be returned to you.

Last Name _____ First Name _____

Preferred Pronoun: he/him/his she/her/hers ze/zer/zers they/them/theirs

other (please specify) _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone () _____

Date of Birth / / _____

Current High School _____

Number of Years Attended _____

Current Grade Point Average (GPA) _____ (on a 4.0 Scale)

Name and City of Other High Schools Attended _____

Number of Years Attended _____

I Will Attend the Following School in the Fall of 2017 _____

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Identify All Colleges or Universities You Plan to Attend or Are Considering Attending

College

City and State

If Decided, What Specialty/Major and/or Minor Do You Plan to Study as You Continue Your Education?

Name and Address of Parent(s) or Legal Guardian(s)

Name(s)

Mailing Address

City

State

Zip

Daytime Phone

()

Name(s)

Mailing Address

City

State

Zip

Daytime Phone

()

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For All Answers, Please Use Extra Paper If Needed

Describe Your Financial Need to Attend College. In Other Words, Why Do You Need a Scholarship?

What Are Your Educational and Professional Goals and Objectives?

List Your Academic Honors, Awards, Clubs, and Activities While in High School

List Your Community Service Activities, Hobbies, Outside Interests, and Extracurricular Activities

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Paid Work Experiences (List Most Recent Experiences First)

Company	Position/Title	From	To
		/	/
		/	/
		/	/
		/	/

Personal Essay:

In Your Essay, Please Answer the Following Questions:

What Is the Value and Importance of Community Service? What Community Service Involvement Have You Had and How Has That Impacted Your Life?

Essay Should Be a Minimum of 500 Words.

Submit Your Response On a Separate Word Document in Addition to Your Application.

The Following Items Must Accompany This Application, Regardless of How it is Submitted, to be Reviewed By the Scholarship Committee. Your Application Will Be Returned to You If These Items Are Not Attached to This Application. (No Exceptions.)

- _____ **Letter of Application Addressed to the Scholarship Committee.** Separate Word Document
- _____ **Personal Essay** Separate Word Document
- _____ **Proof of College Acceptance or Current Student Enrollment.** A Scan or Photocopy of a Letter of College Acceptance or Program Acceptance Is Required For Receipt of Funds.

The Following Items Must be Sealed by the Institution or Author and Submitted by Mail

- _____ **Three (3) Letters of Recommendation.**
- _____ **Most Recent Official High School or Official College Transcript.** Photocopies of Your Transcript Are Not Acceptable.

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STATEMENT OF ACCURACY

I Hereby Affirm That All the Above Stated Information Provided By Me Is True and Correct to the Best of My Knowledge. I Also Consent That My Picture May Be Taken and Used For Any Purpose Deemed Necessary To Promote the LGBT Equality Alliance Scholarship Program.

I Hereby Understand That If Chosen As a Scholarship Winner, According to the LGBT Equality Alliance Scholarship Policy, I Must Provide Evidence of Enrollment/ Registration at the Post-Secondary Institution of My Choice Before Scholarship Funds Can Be Awarded.

Signature of Scholarship Applicant _____ Date ____ / ____ / ____

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