

## LGBT Business Council Scholarship

### Award Descriptions

- *LGBTQ Student of the Year* - Awarded to an LGBTQ student based on community involvement and academic excellence
- *Ally of the Year* - Awarded to a LGBTQ Ally who is a positive force in the LGBTQ community through participation in the community activities.

### Eligibility Requirements

You are eligible to apply for the scholarship if you are currently a senior in a high school within the GLVCC area with plans on attending an accredited higher education institution.

Application checklist:

- A completed application, including all attachments.
- Two (2) letters of recommendation from individuals familiar with your academic standing and community engagement.
- Transcript from high school.

Please complete ALL requested information on the application form in order to be considered for the scholarship.\*You do not need to be accepted at a school before applying for the scholarship. Submit the application to your Guidance Counselor for their endorsement and they will forward the application to the LGBT Business Council Scholarship Selection Committee. Scholarship checks will be mailed to the school to which you are enrolled.

**Your completed application must be postmarked by Friday, March 1<sup>st</sup> 2019.**

Please mail the completed application to:

LGBT Business Council

840 Hamilton Street, Suite 205

Allentown, PA 18101

Or emailed to [brittanyw@lehighvalleychamber.org](mailto:brittanyw@lehighvalleychamber.org)

# Section A: Personal Information

I am applying for the following:

- LGBTQ Student of the Year
- Ally of the Year

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

Last Name \_\_\_\_\_ Ext (Jr, Sr) \_\_\_\_\_

Street Address \_\_\_\_\_ County Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_ SSN \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

**The following information marked (\*) will be used for demographic information and is optional for all scholarships**

1. How do you identify yourself (\*)?

- |                                   |                                      |   |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Lesbian  | <input type="checkbox"/> Bisexual    | <input type="checkbox"/> Queer                  |
| <input type="checkbox"/> Straight | <input type="checkbox"/> Intersex    | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Gay      | <input type="checkbox"/> Transgender | _____   |

2. Gender (\*) \_\_\_\_\_ 3. Do you have an LGBTQ relative? (\*) \_\_\_\_\_

4. Racial Identity (\*) \_\_\_\_\_ 5. Do you have an LGBTQ friend? (\*) \_\_\_\_\_

6. I am out to my: (\*)

- |                                    |                                  |                                      |
|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Community | <input type="checkbox"/> Friends | <input type="checkbox"/> School      |
| <input type="checkbox"/> Family    | <input type="checkbox"/> Job     | <input type="checkbox"/> Other _____ |

7. How did you learn about these scholarships? (Please check all that apply and indicate item location in box to the right)

- |  |  |
|--|--|
| <input type="checkbox"/> High School Counselor         | <input type="checkbox"/> Newspaper: _____    |
| <input type="checkbox"/> College Financial Aid Officer | <input type="checkbox"/> Online Site: _____  |
| <input type="checkbox"/> Word Of Mouth                 | <input type="checkbox"/> Organization: _____ |
| <input type="checkbox"/> Poster: _____                 | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Event: _____                  |  |

**To ensure that the awards will not affect your eligibility to receive other financial need based awards, please circle if you intend to apply for need based financial aid? Yes No**

## Section B: Your Educational Background

8. Schools you have attended in the past 3 years

School Name City/State	Highest year of education completed	Expected graduation/degree date	Type of degree/certification	Major/Course of study

9. Educational Testing Scores

SAT-Verbal \_\_\_\_\_

ACT-English \_\_\_\_\_

ACT-Nat Sci \_\_\_\_\_

SAT- Math \_\_\_\_\_

ACT-Math \_\_\_\_\_

SAT- Writing \_\_\_\_\_

ACT-Reading \_\_\_\_\_

10. Please check the status of your transcripts. (We DO accept unofficial copies)

My transcript is attached

My transcript is being mailed directly to you

11. High School GPA \_\_\_\_\_

## Section C: Your Educational Objectives

12. Please provide the following information about the schools or programs that you are considering.

School Name City/State	Degree/Certification objective	Planned major(s) or course(s) of study	Have you applied?	Have you been accepted?

**Please answer the following questions on a separate paper:**

13. Educational and Career Goals (limit to a total of 500 words):

- Please explain your specific, short-term educational goals.
- Please explain your long-term career goals and interests?
- What do you see as your future place in the LGBTQ community?

14. If you believe that your transcript does not effectively represent your abilities and qualifications, please explain why you can still succeed in your educational plans (limit to 300 words).

# Section D: Extracurricular Activities

Please highlight those activities you are most proud of.

15. List all School Related Clubs & Activities

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16. Offices Held, Honors, Awards.

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17. List all Other Extra-curricular Activities

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18. Volunteer & Community Activities

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19. Work Experience

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# Section E: Essay Question

The following discussion questions are a critical part of your application. Please answer fully and to the best of your ability.

## Instructions:

- Your response must be submitted on separate pages.
- Include your full name and the page number on the top, right corner of each page.
- Your responses must be double-spaced using a 12-point Arial font.
- Please pay close attention to the word limits for each question. Exceeding the word limit can negatively impact the overall evaluation of your application.

## **Ally of the Year Award (limit to 500 words):**

*Q: Why should you be our choice for Ally of the year?*

Use the following questions as prompts to tell us about your involvement and leadership in the LGBTQ community.

- How has your leadership and/or commitment within the LGBTQ community progressed throughout your life?
- Describe the most relevant instance where you have shown your commitment and/or leadership on an issue affecting LGBTQ community.
- How will your studies or career plans help you to have a positive impact on the LGBTQ community?
- How will you actively serve as a leader within your community?

## **LGBTQ Student of the Year Award (limit to 500 words):**

*Q: Why should you be our choice for the LGBTQ Student of the year?*

Use the following questions as prompts to tell us about your educational plans, as well as your involvement and leadership in the LGBTQ community.

- What is the biggest obstacle you have faced as an LGBTQ youth?
- How will your studies or career plans help you to have a positive impact on the LGBTQ community?
- What do you want to provide to the LGBTQ youth that you did not have growing up?