LGBTQ Business Council
GREATER LEHIGH VALLEY CHAMBER OF COMMERCE

LGBTQ 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 your high school(s).

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 college or university before applying for the scholarship. Submit the application to your Guidance Counselor for their endorsement and they will forward the application to the LGBTQ Business Council Scholarship Selection Committee. Scholarship checks will be mailed to the college or university in which you enroll.

Your completed application must be postmarked by Friday, May 14, 2021

Please mail the completed application to:
LGBTQ Business Council
840 Hamilton Street, Suite 205
Allentown, PA 18101
Or email the completed application to brittanyw@lehighvalleychamber.org

The Chamber
GREATER LEHIGH VALLEY CHAMBER OF COMMERCE

LGBTQ Business Council | 840 Hamilton Street, Suite 205 | Allentown, PA 18101
Phone: (610) 739-3385 | Fax: (610) 437-4907 | Email: 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) _____ 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 (*)?
   - ☐ LGBTQ+
   - ☐ Ally

2. How did you learn about these scholarships? *(Please check all that apply and indicate item location in box to the right)*
   - ☐ High School Counselor
   - ☐ College Financial Aid Officer
   - ☐ Word Of Mouth
   - ☐ Poster: _____
   - ☐ Event: _____
   - ☐ Newspaper: _____
   - ☐ Online Site: _____
   - ☐ Organization: _____
   - ☐ Other: _____

Section B: Your Educational Background

3. Schools you have attended in the past three (3) years

School Name City/State	Highest year of education completed	Expected graduation date

4. Please check the status of your transcripts. (We DO accept unofficial copies)
   - ☐ My transcript is attached
   - ☐ My transcript is being mailed directly to you

Section C: Your Educational Objectives

5. Please provide the following information about the colleges and universities that you have applied to.

College/University Name	City	State

Section D: Extracurricular Activities

Please highlight those activities you are most proud of.

6. List all School Related Clubs, Activities & Extracurricular Activities.

_____

_____

_____

_____

_____

7. Offices Held, Honors, Awards.

_____

_____

_____

_____

_____

8. Volunteer & Community Activities

_____

_____

_____

_____

_____

Section E: Essay Question

The following questions are a critical part of your application. Please answer fully and to the best of your ability. Limit your response to 500 words.

Instructions:

- Your response must be submitted on separate pages from the application form.
- Include your full name and the page number on the top, right corner of each page.
- Your responses must be word processed with one-inch margins, double-spaced, and 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.

- *Use the following questions as prompts to reflect on your involvement in the LGBTQ community.*

    1. How will you actively serve as a leader within your community?
    2. What is the biggest obstacle you see as an LGBTQ youth or ally?
    3. How will your studies or career plans help you to have a positive impact on the LGBTQ community?
    4. What are your goals and aspirations after high school?