



A COMMUNITY WHERE ALL YOUTH ARE SAFE

SCHOLARSHIP INFORMATION

| APPLICATION TIMELINE | |
|---|---|
| FALL SEMESTER | SPRING SEMESTER |
| Due Date: April 30th Award Date: June Quarterly Dinner | Due Date: October 30th Award Date: December Quarterly Dinner |

| SCHOLARSHIP ELIGIBILITY | |
|-----------------------------------|--|
| SAVES SCHOLARSHIP | Applicant must be a current LGBTQ SAVES youth who is involved in our program. |
| PAY IT FORWARD SCHOLARSHIP | Applicant must be a current LGBTQ SAVES volunteer who has completed a minimum of 30 hours of service. |

| REQUESTED MATERIALS CHECKLIST |
|--|
| <input type="checkbox"/> Completed LGBTQ SAVES Scholarship Application |
| <input type="checkbox"/> Official Transcript(s): Must be sealed and/or signed by the school registrar |
| <input type="checkbox"/> Proof of Acceptance to college/university/trade school |
| <input type="checkbox"/> Two Letters of Recommendation: Not written by a relative, acceptable sources include teachers, counselors, community members, or mentors. |
| <input type="checkbox"/> Essay - 500 words minimum, typed, double spaced, on one of these topics: <ul style="list-style-type: none"> - How has LGBTQ SAVES impacted your life? - Write about a LGBTQ historical moment or person that changed the LGBTQ community. - What are you doing to make this world a better place? |

| MAIL REQUESTED MATERIALS TO |
|--|
| LGBTQ SAVES 1959 Sandy Lane Fort Worth, TX 76112 |

| QUESTIONS? |
|--|
| Contact Sharon Herrera at contactus@lgbtqsaves.org |

LGBTQ SAVES SCHOLARSHIP APPLICATION

| APPLICATION INFORMATION | | |
|-------------------------|--------------|---------------|
| First Name | | Last Name |
| | | |
| Email Address | Phone Number | Date of Birth |
| | | |
| Mailing Address | City | Zip Code |
| | | |

| HIGH SCHOOL | |
|---------------------|----------------------|
| Name of High School | Graduation (MM/YYYY) |
| | |

| COLLEGE/UNIVERSITY/TRADE SCHOOL | |
|--|--|
| Institution Name: | |
| Field of Interest/Desired Major: | |
| Anticipated Graduation Date (MM/YYYY): | |

| What do you plan to do with your degree? |
|--|
| |

| AWARDS/RECOGNITION | | |
|---------------------------|--------------------------|-----------------------|
| Award/Recognition | School/Occupation | Date (MM/YYYY) |
| | | |
| | | |
| | | |

| LGBTQ SAVES INVOLVEMENT | |
|-----------------------------------|------------------------------|
| Description of Involvement | Time Period (MM/YYYY) |
| | |
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| | |

I hereby certify that the information is true, complete and accurate to the best of my knowledge. I also consent for LGBTQ SAVES to have access to my academic records.

Printed Name

Signature

Date

All requested materials must be mailed together and postmarked by the due date of the scholarship.

**LGBTQ SAVES
1959 Sandy Lane
Fort Worth, TX 76112**

If you have questions, contact Sharon Herrera by email at contactus@lgbtqsaves.org