2019

SCHOLARSHIP

APPLICATION

***Due February 28, 2019***

***Must be typed. Submit electronically to*** [*scholarship@sedonapride.org*](mailto:scholarship@sedonapride.org)

***All Information Is Strictly Confidential***

***SAVE THIS DOCUMENT AS***

***“2019\_LASTNAME\_FIRSTNAME\_APP”***



**Applicant Information**

Top of Form

**Name**

**Cell Phone Email**

**Birth date \_\_\_\_\_\_\_\_\_\_\_\_**  **Age \_\_\_\_\_\_\_ Gender \_\_\_\_\_\_**

**How do you identify? (i.e. Lesbian, Gay, Bisexual, Trans, Queer, Pansexual, Ally)**

**Current Address\* City/State/Zip**

**Permanent Mailing Address\***

**\**Which address will be best from June-August 2019:***

**Adult Reference**

Have an adult write a recommendation for you.

**Please give the Reference Instructions associated with this application to your Adult Reference and follow up with them that they submit it by the application deadline.**

**Reference Name**

**Reference Relationship to You**

**Reference Phone**

**Reference Email**

**2019 Sedona Pride Scholarship - Questionnaire**

please type and limit each response to no more than 1,000 words

1. *What school do you plan to attend (or schools you have applied to)? What is your admission status (planning to apply, applied and waiting for a response, already accepted for admission, etc.)?*
2. *What are your post-secondary education goals (ie major, area of focus, etc?)*
3. *How will you finance your post-secondary education (student loans, grants, scholarships, parents, part/fulltime employment, etc.)?*
4. *Are you out to your parents or guardian(s) and are they accepting? (If you identify as a Straight Ally, please expand on why and if your family is aware and accepting?).*
5. *What jobs have you held, including volunteer work? What have you gained from these experiences?*
6. *What are your interests, hobbies, or extracurricular activities? Choose one or two and tell what it means to you.*
7. *How has the fact that you are lesbian, gay, bisexual, transgender, or queer affected you? (If you identify as a Straight Ally, please share how being an Ally has affected you).*

**2019 Sedona Pride Scholarship – Signature Page**

I affirm that all information I have provided is true and accurate. I agree and commit to **using this** **scholarship for approved education expenses ONLY** (i.e. course registration fees, lab fees, books, university housing, etc), **even if my education institution returns part of my funds to me**. I understand that **I should plan attend the Scholarship Awards Presentation**, held in Sedona on May 13, 2019. I also understand I am expected to communicate with the members from the scholarship committee and respond to emails in a timely manner, and if I fail to do so, I may forfeit my scholarship. If I fail to deposit my check at my institute of higher learning by **October 31, 2019**, I understand this may also forfeit my scholarship (especially if I do not communicate this with the Sedona Pride Treasurer).

Signature (typed is acceptable) Signature Date

**Optional Photo Release**

**This is NOT required!**

**You are free to decline and this will not affect your chances at receiving a scholarship.**

I hereby authorize Sedona Pride to publish any photographs taken of me at Sedona Pride events, along with my name, for use in Sedona Pride’s printed publications, website, and/or Facebook page.

Signature (typed is acceptable) Signature Date