**Iowa City Pride Scholarship Application 2020**

**Scholarship Qualifications**

Applications are usually accepted from April through mid-May and a decision will be made in June during Iowa City Pride Week. ***The program is open to self-identified Gay, Lesbian, Bisexual, Transgender Non-Binary graduating high school seniors meeting the prescribed criteria.***Family members and mentors are encouraged to work with applicants to help ensure their submissions are complete.

The applicant must:

* Be an openly self-identified member of the LGBTQ Community
* Be graduating from high school in the year he / she / they applies for a scholarship.
* Be a United States Citizen or be a legal immigrant.
* Be attending an accredited college, university, or vocational school within the United States or Canada. Proof of acceptance is required.
* Provide an OFFICIAL copy of his / her high school transcript showing a cumulative grade point average of 3.0 or better using a 4.0 scale or equivalent. Weighted average can be used in these calculations. If the applicant’s high school does not use a numerical grading system, then a complete description of the measures of success and requirements for graduation is required.
* Complete 2 personal essays as outlined on the application form.
* Provide at least 2 letters of recommendation from non-family members.
* Prepare a detailed list of community involvement. “Extra-Credit” is given to those activities and leadership roles relating directly to the Gay, Lesbian, Bisexual and Transgender communities.
* Sign an acknowledgement form agreeing to the outlined terms and conditions of the application. (See application form)

**Personal Data**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |  |  | Date: |  |
|  | Last | First |  | M.I. |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

Preferred First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Telephone \_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a: \_\_\_\_U.S. Citizen \_\_\_\_Legal Resident of the U.S.

How did you hear about our scholarship program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please choose which you most closely identify with. While we appreciate straight allies, some scholarships are restricted to the LGBTQ community.

**Sexual Orientation**: Lesbian \_\_\_ Gay \_\_\_ Bisexual \_\_\_ Heterosexual \_\_\_ Other \_\_\_

**Gender Identity:**

Female \_\_\_ Male \_\_\_ FTM or Trans Man \_\_\_ MTF or Trans Woman \_\_\_ Other \_\_\_

**Race/Ethnicity:**

Prefer Not to Disclose \_\_\_ African Descent \_\_\_ Black \_\_\_ Asian American \_\_\_

South Asian or Pacific Islander \_\_\_ Bi/Multi-Racial \_\_\_ European Descent \_\_\_

Latino/a \_\_\_ Middle Eastern \_\_\_ Native American/First Nations \_\_\_

**Financial Need Assessment**

Tuition

Please enter the total estimated tuition expense needed for your freshman (initial) year of school (i.e. do not include additional expenses like books, room, board, etc.): $\_\_\_\_\_\_\_ (in whole dollars)

Financial Aid

Please enter the total student financial aid / scholarships you have already received for your freshman (initial) year (i.e. this may include federal or state financial aid, grants, and/or other scholarships already obtained): $\_\_\_\_\_\_\_ (in whole dollars)

Date of High School Graduation \_\_\_\_\_\_\_\_\_\_\_\_

High School Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_ State \_\_\_

Zip \_\_\_\_\_\_\_\_\_

**High School Cumulative Grade Point Average**

\_\_\_\_\_\_\_\_ Unweighted (based on a 4.0 scale)

\_\_\_\_\_\_\_\_ Weighted (based on a 4.0 scale)

Class Rank \_\_\_\_ out of a class size of \_\_\_\_\_ (optional)

**High School Transcript**: please provide a copy of your high school transcript send to PO Box 2190 Iowa City, IA 52244

Intended accredited institution, college, university or trade school

What area of study are you considering? Please select only on that is of most importance to you.

You must attach a copy of your college acceptance letter. Should you be selected to receive a scholarship award from LEAGUE Foundation, you will be required to submit your student identification number in order to receive the scholarship proceeds. Enrollment will be verified, and ALL proceeds are sent directly to the institution, college, university or trade school. No funds are given directly to the student.

College Acceptance Letter (upload letter)

* Please include a copy of your college acceptance letter.

Community Service and Civic Involvement Activities

Please indicate the activities of highest importance to you, not necessarily every opportunity you have taken. Give the **full name** of the organization, its purpose or role, dates you were involved and any leadership role you may have had. **Max 250 words.**

**Sponsors**

List the people who have provided letters of support for you, including at least one person who discusses your community or civic involvement and leadership. Include the sponsors’ names, titles, and telephones numbers. Please give each sponsor a copy of the instructions and advise your sponsors that the Iowa City Pride Scholarship Selection Committee may communicate with them directly. (Note: Sponsors must not be related to you)

Sponsor #1 Name ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Letter (include a copy of letter or upload)

Sponsor #2 Name ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Letter (include a copy of letter or upload)

**Personal Essay 1**

Please provide a succinct explanation as to why you believe you should be chosen for one of the Iowa City Pride Scholarships. Feel free to share your story, dreams, and/or career aspirations’ as applicable. **Max 300 words.**

**Personal Essay 2**

Please describe what you see as the future opportunities/challenges of the LGBTQ community. **Max 500 words.**

**Essay should be submitted on a separate page or uploaded online.**

**Applicant Agreement**

Iowa City Pride prides itself on its non-discrimination and inclusion practices. Iowa City Pride does not discriminate on the basis of race, color, religion, national origin, sex, age, sexual orientation, gender, gender identity, gender expression, marital status, citizenship status, creed, military status, veteran status, disability or any other protected characteristic.  
  
By e-signing and submitting this application, I (the undersigned) acknowledge that I understand the Iowa City Pride Scholarship Committee may ask the applicant to provide documentation from the school showing the awards received, and agree to hold this Committee harmless of any claims of liability resulting from these investigations.  
  
By e-signing and submitting this application, I indicate my awareness that false or misleading statements may disqualify me from consideration for a Iowa City Pride scholarship. If any false or misleading statements are discovered after funds are disbursed, Iowa City Pride reserves the right to recover disbursed funds from the undersigned.  
  
By e-signing and submitting this application, if mutually concurred in, I indicate that I am allowing Iowa City Pride to use my name and/or my picture in any newsletter, website, press release, or other lawful media without any expectation of compensation.  
  
By e-signing and submitting this application, I acknowledge that the intent of the Iowa City Pride Scholarship is to provide financial support for Gay, Lesbian, Bisexual, Transgender, and Queer people, and that funds disbursement, if awarded, cannot be deferred to subsequent school years.