



ALSO Youth, Inc., is offering scholarships to provide financial support and encouragement to LGBTQ+ youth, who are seeking to attend a continuing education institution in the field of their choice. This is a Merit/Needs-based Scholarship (open to all applicants regardless of immigration status).

MINIMUM ELIGIBILITY

Scholarship applicants must meet the following criteria:

1. Be an LGBTQ+ youth under the age of 22 as of **August 1st** of the year of application.
2. Be a resident of a county that ALSO Youth serves in Florida.
3. Be enrolled at an accredited non-profit academic or vocational institution in the summer or fall of the year of application.
4. Not be related to ALSO Youth staff or Board Member.
5. Previously received fewer than two (2) ALSO Youth scholarships

APPLICATION PROCEDURE

Scholarship applicants must submit the following to ALSO Youth by the deadline posted on ALSO's website

- A completed application form. Incomplete applications will not be considered.
- Transcript(s) of grades for the applicant's most recently completed coursework. This may include high school transcripts, GED score report or any postsecondary transcripts.
- Two recommendation forms from non-related adults such as instructors, employers or mentors (excluding ALSO Youth staff or board).
- An up-to-date, typed resume.
- A one-to-two page typed personal statement expressing why the applicant is applying for the scholarship, your leadership positions or involvement in LGBTQ+ Advocacy, your GSA, or ALSO Youth, and the applicant's educational and career goals.

SELECTION CRITERIA

The Executive Committee of the Board of ALSO Youth will consider the following when selecting scholarship recipients:

- Leadership/Involvement with ALSO Youth, LGBTQ+ Advocacy, and/or GSA.
- Academic achievement.
- Financial need.

Finalists may be required to attend a personal interview with the selection committee.

SCHOLARSHIP AWARDS

- *Proof of enrollment or letter of acceptance will be required prior to checks being released.*
- *Scholarship funds are paid directly to the recipient's school and are designated for tuition, required fees, books and supplies only.*
- *Multiple scholarships will be awarded, with \$500 being the minimum award.*

SUBMIT ALL APPLICATION MATERIALS BY May 30, 2020 TO:

ALSO Youth
Attn: Scholarship Committee
1470 Blvd of the Arts
Sarasota, FL 34236

For more information, please contact:
info@alsoyouth.org
941-951-2576



ALSO Youth, Inc. Scholarship Fund

APPLICATION FORM (p.1)

PERSONAL INFORMATION

Applicant's Legal Name (First, Middle, Last): _____

Preferred Name: _____

Permanent Street Address: _____

City, State, ZIP: County: _____

Telephone: _____

Email Address: _____

Which of these is the best way to reach you? _____

Date of Birth: _____

Place of Birth: _____

Sexual Orientation: Lesbian Gay Bisexual Transgender Queer Intersex
 Asexual Straight Undecided / Prefer not to answer

Gender identity: _____

Gender Pronouns: _____

Number of Dependent Children: _____

Ages: _____

HIGH SCHOOL INFORMATION

High school(s) attended: _____ Location: _____

_____ Location: _____

High school graduation date: _____

Current cumulative weighted GPA (if applicable): _____

COLLEGE/VOCATIONAL SCHOOL INFORMATION

College/School you plan to attend this summer/fall: _____ Location: _____

What is your intended major/program of study? _____

Check the class you will be in this summer/fall: Freshman Sophomore

College(s)/vocational school(s) attending/attended (if any): _____

Number of college level credit hours already earned (if applicable): _____

COMMUNITY AND SCHOOL INVOLVEMENT

Please list any community organizations such as service, volunteer and religious organizations, or school affiliated clubs or groups in which you are now active or have previously been active:

Organization / Year(s) / Position:

(e.g. Community Org / 2016 – present / Youth Leader)

HONORS AND AWARDS

Please list any honors or awards you have received, the name of the organization presenting the award and date:

(e.g. Honor or Award / Date:)

SPECIAL EXPERIENCES

Please describe any special experiences that have made an impact on your life which you would like to share with the committee (e.g. family situations, coming out story):

PERSONAL STATEMENT

Please attach 1-2 pages of a personal statement explaining why you are applying for this scholarship and describing your educational or career goals. Please print your name at the top of each page.

FINANCIAL DATA

Please list Projected College Expenses and Assistance for the upcoming academic year. (estimates are acceptable):

ANTICIPATED EXPENSES

Tuition/Customary Fees: \$ _____
Books and Supplies: \$ _____
Add.'l Fees (parking etc.): \$ _____
Personal Expenses: \$ _____
Other (specify): \$ _____
Other (specify): \$ _____
TOTAL Anticipated Expenses: \$ _____

FINANCIAL ASSISTANCE

Family/Personal Contribution: \$ _____
Federal/State Grants: \$ _____
Scholarships: \$ _____
Work Study Program: \$ _____
Loans: \$ _____
Other (specify): \$ _____
TOTAL Assistance: \$ _____

Please list your employment history, including dates, starting with your most recent job. Also, please attach a one-page resume.

Company / dates: _____
Job title / hours per week: _____
Company / dates: _____
Job title / hours per week: _____
Company / dates: _____
Job title / hours per week: _____
Company / dates: _____
Job title / hours per week: _____

Applicant's annual income from full or part-time work: _____

Spouse/Partner's annual income from full or part-time work: _____

How many people live in your household?

Explain below any unusual financial circumstances in your household:

SCHOLARSHIP AWARDS

ALSO Youth awards scholarships on the basis of a competitive process for identified LGBTQ+ high school seniors and college freshman that may consider academic achievement, extracurricular and community involvement, a statement of the applicant's personal aspirations and educational goals, financial need, and references.

Scholarships are awarded at the discretion of the ALSO Youth Board of Director's Executive Committee, based on scholarship committee recommendations. Scholarship funds are paid directly to the recipient's school and are designated for tuition, required fees, books and supplies only. The ALSO Youth scholarship committee reserves the right not to award scholarships if applicants are not considered qualified. Scholarships are awarded without regard to race, color, ethnicity, national origin, religion, gender identity or immigration or citizenship status.

APPLICATION AND INFORMATION RELEASE STATEMENT

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application may disqualify me from receiving a scholarship. I understand, due to funding, not every eligible applicant will receive an award; however, no application materials will be returned.

I, (print applicant's legal name) _____ give permission for any college or school to release to the ALSO Youth Scholarship Committee any information necessary to process or maintain my scholarship.

Applicant's Signature (legal name): _____ Date: _____

APPLICATION CHECKLIST

The ALSO Youth Scholarship application includes all of the following materials. Check off each item when completed, and if possible, submit together in one envelope. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

- A completed application form.
- Transcript(s) of grades for the applicant's most recently completed coursework (this may include high school transcripts, GED score report or postsecondary transcripts).
- Two recommendation forms from non-related adults such as instructors or other campus administrators, employers, mentors, etc.
- An up-to-date, typed resume.
- A one-to-two page typed personal statement expressing why the applicant is applying for the scholarship and the applicant's educational and career goals.
- A copy of the applicant's completed Free Application for Federal Student Aid (FAFSA) or equivalent.

RECOMMENDATION FORM #1

APPLICANT:

Applicant's Name: _____

Permanent Street Address: _____

City, State, ZIP: _____

College/university you plan to attend this fall: _____

TO THE REFERENCE:

The student named above is applying for an ALSO Youth Scholarship. Your recommendation is needed as part of the application process. After completing the information below, please use the back of this form or an attached sheet to provide your recommendation for this applicant.

Your recommendation should express why you think this student should be considered for a scholarship. Criteria for scholarship selection include the applicant's academic commitment and potential, as well as financial need. YOUR COMMENTS ARE VERY IMPORTANT.

Please note that the recommendation may not be written by current ALSO Youth Board members or staff.

Please return this form and your written recommendation to the applicant (in a sealed envelope with your signature across the flap) so the applicant may submit it as part of a total application package. The application deadline is May 30, 2020.

Check your relationship to the applicant: Instructor/Professor Employer/Supervisor Other

If other, please specify: _____

How long have you known the applicant? _____

Your Name: _____

Title: _____

Mailing Street Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Signature: _____

Date: _____

RECOMMENDATION FORM #2

APPLICANT:

Applicant's Name: _____

Permanent Street Address: _____

City, State, ZIP: _____

College/university you plan to attend this fall: _____

TO THE REFERENCE:

The student named above is applying for an ALSO Youth Scholarship. Your recommendation is needed as part of the application process. After completing the information below, please use the back of this form or an attached sheet to provide your recommendation for this applicant.

Your recommendation should express why you think this student should be considered for a scholarship. Criteria for scholarship selection include the applicant's academic commitment and potential, as well as financial need. YOUR COMMENTS ARE VERY IMPORTANT.

Please note that the recommendation may not be written by current ALSO Youth Board members or staff.

Please return this form and your written recommendation to the applicant (in a sealed envelope with your signature across the flap) so the applicant may submit it as part of a total application package. The application deadline is May 30, 2020.

Check your relationship to the applicant: Instructor/Professor Employer/Supervisor Other

If other, please specify: _____

How long have you known the applicant? _____

Your Name: _____

Title: _____

Mailing Street Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Signature: _____

Date: _____