



Scholarship Application for School Year 20__ - 20__

A. Personal Information

Name:	
Current Address	
Phone:	
E-mail Address:	
Date of Birth:	

B. Education

Post-secondary institution you will attend next academic year: _____

Name: _____ Major: _____

Part-time: _ Full-time: _ Total # of Units: _____

Graduation Date (expected): _____ Type of Degree: _____

Graduate: _ Undergraduate: _

Colleges and High Schools Attended (please list most recent first):

Name	Dates	Major	Degree	GPA

Please obtain official transcripts from all colleges and universities attended. High School transcripts are required of students with less than two years of post-secondary education.

Attached are official college transcripts from _____

Honors, Awards, Grants, and Scholarships:

Name of Award	Date	Additional Information

Extra-curricular or other school-related activities (include clubs, positions held):

Academic Plans and Goals:

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Special Interests and Skills:

Gay/Lesbian/Bisexual/Transgender Community Involvement:

C. Employment

Employment History (please list most recent first):

DATES	EMPLOYER	ADDRESS	POSITION

Do you plan to work during the school year, excluding summer?

Yes: No:

If yes, how many hours a week will you work while attending school? _____

Do you plan to work during summer? Yes: No:

D. References

(1) Academic (on letterhead from faculty or counselor)

Name:	
Position:	
Institution/Agency:	
Phone/Fax/E-Mail:	

(2) Personal

Name:	
Address	
City, State, Zip:	
Phone:	

E. Personal Statement *(Please attach)*

One personal statement is required. Please submit a double-spaced typed statement which details your contribution and involvement in the lesbian/gay/bisexual and transgender community or your contributions as a LGBT person in the workplace. Discuss your plans for continued involvement during the school term, particularly with reference to Santa Barbara County. Discuss your thoughts and plans for future involvement/activism relative to your education and/or career, your career goals, how your upcoming academic activity will further these goals and what you will do with this education

(Suggested length: 750 words).

F. Financial Need Statement

Please describe your financial situation and your need for this scholarship. List your means of supporting yourself, other forms of financial assistance you expect to receive, and other relevant background and current information. Inclusion of specific (or estimated, if necessary) income and expense figures is strongly recommended. Explain any special financial circumstances. Also include sources of financial support from family and/or domestic partner.

G. Applicant's Statement

I certify that I am in need of the GLBA Scholarship to continue my education. If granted, I will use the proceeds for the payment of tuition, fees, books, essential transportation, or living expenses at the post-secondary institution specified. I understand that misrepresentation of facts called for on this application will eliminate me from further consideration, and if awarded the scholarship, will be cause for revocation of same. I agree to inform GLBA in the event that **a)** funds not reported on this application become available to me, **b)** my education program is interrupted or terminated, **c)** my current address or telephone number changes, or **d)** my major/specialization changes. **If I am awarded the GLBA scholarship, I agree to submit at the conclusion of the scholarship year a) a report on how the awarded funds were expended, and b) a transcript from the education institutions attended during the scholarship year.**

All applications and materials become the property of GLBA upon submission. GLBA may publish portions of my essay, without my name, in promotional materials.

Please check one (This will have no bearing upon scholarship consideration):

I am proud to grant permission to GLBA to publish my name and/or likeness when publicly announcing scholarship winners

I would prefer GLBA NOT publish my name and/or likeness when publicly announcing scholarship winners

Date: _____

Signature: _____

Signature: _____

(parent or legal guardian if under 18)