



# PFLAG National Scholarships Program Comprehensive Application Form

**Before completing this form, please read the attached letter to ensure that you meet the eligibility requirements and can agree to the conditions of this award.**

**All information provided on this form will be treated with confidentiality**

Please PRINT or TYPE your responses to the following questions. You can download a copy of this form in Word format from the scholarships page at [www.pflag.org](http://www.pflag.org)

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## WHICH SCHOLARSHIP(S) ARE YOU APPLYING FOR?

You may apply for both a \$2,500 scholarship and a \$1,000 scholarship by checking both boxes below as appropriate, but only one scholarship will be awarded (see cover letter), or you may apply for just a \$2,500 scholarship or just a \$1,000 scholarship.

\$2,500 Scholarship       \$1,000 Scholarship

## HOW DID YOU HEAR ABOUT THE SCHOLARSHIP PROGRAM?

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## APPLICANT'S GENERAL INFORMATION:

Mr.  Ms.

(First name)

(MI)

(Last Name)

Address:

(Number)

(Street or RFD)

(Apt #)

City:

State:

ZIP:

Preferred phone number:

E-mail address:

Are you a graduating high school senior?  Yes  No

Date of birth:

Date of graduation ceremony:

Are you LGBT?  Yes  No

If yes, are you "out and open" in the community?  Yes  No

Are you a supporter of the LGBT Community?  Yes  No

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**APPLICANT’S ACADEMIC STATUS AND HIGH SCHOOL INFORMATION:**

Name of High School:

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Address:

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(Number)

(Street or RFD)

City:

State:

ZIP:

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Name of Financial Aid Advisor:

Phone number:

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Name of Principal:

Phone number:

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Are you in good academic standing?  Yes  No

GPA:

Approximate Class Rank:

Number in class:

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Have you been awarded any school honors or recognitions?  Yes  No

If so, please list them:

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What school clubs or extracurricular activities are you involved with?

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**APPLICANT’S FINANCIAL, NEEDS, AND COLLEGE INFORMATION:**

If you are LGBT, are your parents aware of your LGBT status?  Yes  No

If you are LGBT, are your parent’s supportive of your LGBT status?  Yes  No

Do you live apart from your family?  Yes  No

Do you support yourself financially?  Yes  No

Do you believe that you have any special needs?  Yes  No

If yes, please explain your needs on a separate sheet of paper. These special needs will be treated with confidentiality. If we need to contact any one else about these needs, we will contact you first to obtain your permission to talk with others about your needs.

What colleges are you applying to?

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What is your admission status?  Planning to apply  Waiting for school to respond  
 Admitted

Estimated annual college costs (tuition, room and board, books, etc): \$

Do you have a major in mind?  Yes  No

If yes, what do you plan to study?

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How do you plan to finance your college education? (Check all that apply)

Student loans  Grants or scholarships  Part-time employment  College work/study program

Full-time employment

Are your parents able and willing to assist with your college expenses?  Yes  No

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**IF YOUR PARENT(S) ARE SUPPORTIVE, AND WILLING AND ABLE TO ASSIST WITH YOUR COLLEGE EXPENSES, PLEASE ANSWER THE FOLLOWING QUESTIONS: (Please skip to next section if this doesn't apply to you)**

Is this a single parent family?  Yes  No

(If yes please respond to one of the following two questions. Otherwise, please answer both questions)

First parent's name:

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(First)

(MI)

(Last)

Second parent's name:

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(First)

(MI)

(Last)

If both parents reside at the same address, are they both working?  Yes  No

Total household income as reported on federal tax return(s): \$

Total number of exemptions claimed on tax return(s):

Number of dependent children in the family:  
college:

Number of dependent children in college:

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**APPLICANT'S COMMUNITY SERVICE INVOLVEMENT, AND/OR ANY EMPLOYMENT HISTORY:**

Please briefly describe any community service activities that you have been involved with. You should describe only those activities which have been of the highest importance to you. You do not have to describe every activity that you have undertaken. Be sure to mention any activities in which you played a leadership role (Please use a separate sheet of paper if necessary)

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What jobs, if any, have you held? Please list both volunteer and paid positions as appropriate:

Employer's Name	Job title	Dates of Employment
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(Please use a separate sheet of paper if necessary)

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**ADDITIONAL QUESTIONS:**

Please describe any achievements or accomplishments of which you are especially proud:

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What, if any, post-college career plans do you have?

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**CERTIFICATION AND SIGNATURE(S):**

All of the information provided on this form is true and complete to the best of my knowledge.

Signature of applicant:

Date:

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If you wish, you may ask your parent or guardian to sign below. (Parental/guardian's signature is desirable but **not required**)

Signature of parent or guardian:

Date:

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**Please remember to attach an unofficial high school transcript, and your essay (see cover letter for details).**

**Please see the attached release form.**

**Please give the attached reference forms to two people, and remember to ask at least one of them to affirm your LGBT status, or your LGBT ally status.**



## PFLAG National Scholarships Program Scholarship Reference Form

Parents, Families and Friends of Lesbians and Gays (PFLAG) is a national organization of approximately 250,000 members and supporters organized in 500 chapters across the USA, with a presence in every State of the Union, and in the Commonwealth of Puerto Rico. PFLAG is pleased to offer a National Scholarships Program to graduating high school seniors entering college in the academic year 2006-2007.

You have been given as a reference by:

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(Student please write your name here before handing the form to your referee)

It will help us to evaluate this student's application for a scholarship if you would please complete the following form. Time is of the essence, and the completion of this form at your earliest convenience would be greatly appreciated; however, all references must be received at the following address **postmarked no later than February 14th, 2006:**

Judy Hoff  
PFLAG National Scholarships Program  
1726 M Street, # 400  
Washington, DC 20036

The Scholarships Committee understands that it takes time to consider what you would like to tell us about this student, and we appreciate and thank you for the valuable time and effort you take in completing this form.

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Your name:

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Your address:

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City, State and ZIP:

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Phone number:

E-mail:

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How long have you known this student?

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What is your relationship with this student? (e.g. parent, guardian, family member, teacher, friend, minister, school counselor, school administrator, coach, etc): \_\_\_\_\_

Please answer the questions on the following page. Please feel free to approach your answers in a conversational way, as though you were visiting with us. Please attach additional pages if you wish.

What do you know about this student that identifies her/him as a person able to set goals and pursue them to completion?

What else do you think we should know about this student? This is your chance to help us to know this student as you do

If you have any questions, please contact Judy Hoff at [jhoff@pflag.org](mailto:jhoff@pflag.org) or (202) 467-8180 extension 219.



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Your address:

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City, State and ZIP:

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Phone number:

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How long have you known this student?

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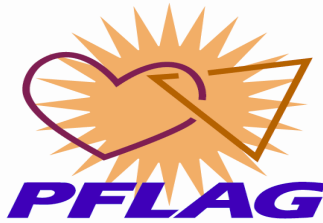
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## PFLAG National Scholarships Program Release Form

**Please complete this form and return with your application. Please be assured that whether you grant or deny these permissions does NOT affect the outcome of your application. This is an administrative form that is not sent out to reviewers.**

On the \_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_ (year), I, make the following five (5) statements of my own free will.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

(Please delete as appropriate and sign by each deletion).

I grant/do not grant (sign here: \_\_\_\_\_) to the PFLAG National Scholarships Program permission to approach my high school principal regarding recognition of my scholarship award by the high school.

I grant/do not grant (sign here: \_\_\_\_\_) to the PFLAG National Scholarships Program permission to publish an announcement of my scholarship award in the local news media.

I grant/do not grant (sign here: \_\_\_\_\_) to the PFLAG National Scholarships Program permission to release information about my scholarship award to the local PFLAG Chapter.

I grant/do not grant (sign here: \_\_\_\_\_) to the PFLAG National Scholarships Program permission to use my photograph in their publicity releases about my scholarship award.

I grant/do not grant (sign here: \_\_\_\_\_) to the PFLAG National Scholarships Program permission to use my scholarship essay in an anthology of stories to be compiled for publication.