PFLAG Concord/Kannapolis Scholarship
Application Instructions

Dear High School Senior:

The PFLAG Concord/Kannapolis chapter is offering a $1000 scholarship for the 2019 fall term to a graduating senior.

Eligibility Criteria:

1. Be a graduating high school senior in a public, private, or charter school in Cabarrus County or Kannapolis City entering an institute of higher education in fall 2019.
2. Identify as a gay, lesbian, bisexual, transgender, or questioning/queer student or a straight ally serving and supporting the LGBTQ community.
3. Have applied to, and been accepted by a university, college, community college, or vocational school for the 2019-2020 academic year.

Required Documents:

1. Completed Concord/Kannapolis PFLAG Scholarship Application Form.
2. Unofficial copy of your High School transcript showing a minimum GPA of 2.5.
3. Two letters of recommendation from a teacher, counselor, pastor, employer or community leader. Letters must be from someone other than a relative and submitted in a sealed and signed envelope.
4. A typed essay (no more than 500 words) discussing either your life as a LGBTQ student, or how you are involved with and support the LGBTQ community. Include in your statement how you have demonstrated leadership, scholarship, support, and service.

While parental support of, or consent to, the submission of an application to the PFLAG Concord/Kannapolis Scholarship is desirable, it is not a requirement. Special consideration will be given to students in need and those who demonstrate extraordinary leadership qualities and community involvement.

The completed application packet must be postmarked and mailed to the following address by April 18, 2019:

PFLAG Concord/Kannapolis Scholarship
Attn: Scholarship Program Administrator, Don Gale
P.O. Box 1301
Kannapolis, NC 28082

All candidates will be notified of the outcome of their applications by May 13, 2019. The check for the chosen candidate, payable to the institution, will be disbursed in August, 2019.
PFLAG Concord/Kannapolis Scholarship Application

Read the cover letter to ensure you meet eligibility requirements and conditions of this award.

Information provided on this form is treated with confidentiality.

Additional pages may be added, if needed.

Please legibly PRINT or TYPE your responses to the following questions.

GENERAL INFORMATION

(First name) ____________________________ (MI) ____________________________ (Last name) ____________________________

Preferred Name: ______________________ Pronoun(s) in which you identify: ______________________

Address: ______________________________

City, State, Zip Code: ______________________________

Preferred phone number: _________(home) _____________(mobile)

E-mail address: ______________________________

Date of birth: ____________________________

High School you attend: ______________________________

Date of Senior Awards’ Ceremony: _______________ Date of Graduation: _______________

Do you identify as Gay, Lesbian, Bisexual, Transgender, Questioning /Queer? ____ Yes ____ No

Are you a straight ally of the LGTBQ community? ____ Yes ____ No
HIGH SCHOOL SERVICE INFORMATION:

1. List high school honors or recognitions:

2. How are you involved with clubs or extracurricular activities in your school or community? Please list and describe.

FINANCIAL NEED AND COLLEGE INFORMATION:

1. List the colleges to which you have applied. Indicate the ones where you have been accepted and the college you will be attending in the fall.

2. 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

3. Are your parent(s) or guardian(s) able and willing to assist with your college expenses?

   ____ Yes      ____ No

4. Will you be the first person in your family to attend college/vocational school? ____ Yes  ____ No

5. First parent’s or guardian’s full name: ____________________________________________

6. Second parent’s or guardian’s full name: __________________________________________

7. Ages of sisters and brothers: ____________________________ attending college? __________

8. Number of people living in your household? _______________
COMMUNITY SERVICE INVOLVEMENT AND EMPLOYMENT HISTORY:

1. Briefly describe community service activities in which you are involved. Place emphasis on those activities of the highest importance to you. Include any leadership roles in which you serve.

2. Describe your involvement in the LGBTQ community. How have you been impacted or influenced the LGBTQ community?

3. What jobs, if any, have you held? List both volunteer and paid positions.

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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: ________

Parent or guardian signature is desirable, but not required.

Signature of parent/guardian: ___________________________ Date: ________

_____________________________________________________

CHECKLIST FOR DOCUMENTS TO ENCLOSE WITH APPLICATION:

___ An unofficial high school transcript

___ Statement (see cover letter for details)

___ Two letters of recommendation (submitted in separate sealed and signed envelopes).

_____________________________________________________

HOW DID YOU HEAR ABOUT THE PFLAG CONCORD/KANNAPOLIS SCHOLARSHIP?

_____________________________________________________

_____________________________________________________

_____________________________________________________
PFLAG Concord/Kannapolis Scholarship
Reference Form

Student Name ___________________ High School ______________________

PFLAG is a national non-profit organization supporting, educating, and advocating for the LGBTQ community with over 200,000 members and over 400 chapters in the United States. Our local PFLAG chapter is pleased to offer a scholarship to a graduating high school senior entering college in the fall of 2019.

Completing this form will assist our PFLAG Scholarship Committee in evaluating this student’s application. Once completed, place it in an envelope, seal, and sign it across the sealed portion. Give the completed form and envelope to the student to submit with the application. The student’s application package must be submitted to PFLAG Concord/Kannapolis postmarked no later than April 18, 2019.

The Scholarship Advisory Committee understands that it takes time to consider what you want to share about this student. We appreciate your efforts in completing this reference form.

Reference name: ______________________________________________________

Reference address: _____________________________________________________

City, State, Zip: ______________________________________________________

Phone number: _______________ Email: ________________________________

How long have you known this student? __________________________________

What is your relationship with this student? (e.g. teacher, friend, minister, school counselor, school administrator, coach, etc.):

________________________________________

Please answer the questions on the following page. Feel free to approach your answers in a conversational way as though you were visiting with us.
1. Describe your experience(s) with this student?

2. Describe the student’s work ethic, leadership abilities, and influence in the community.

3. Provide a clear, detailed description of how you see this student being successful in college or vocational school.

4. What else do we need to know about this student? Help us know this student as you do.

If you have any questions, please contact Joan Gale, chairperson of the Scholarship Advisory Committee at ckpflag@gmail.com.
PFLAG Concord/Kannapolis Scholarship Reference Form

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PFLAG Concord/Kannapolis Scholarship
Release Form

Return this completed form in your application. Whether you grant or deny permissions does NOT affect the outcome of your application.

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

I ___ grant ___ do not grant (sign here: _________________________________)
permission to PFLAG Concord/Kannapolis to approach my high school principal regarding recognition of my scholarship award at the school’s scholarship awards program.

I ___ grant ___ do not grant (sign here: _________________________________)
permission to PFLAG Concord/Kannapolis to publish an announcement of my scholarship award in the local newspaper and PFLAG’s social media.

I ___ grant ___ do not grant (sign here: _________________________________)
permission to PFLAG Concord/Kannapolis to release information about my scholarship award to PFLAG National.

I ___ grant ___ do not grant (sign here: _________________________________)
permission to PFLAG Concord/Kannapolis to use my photograph in its publicity releases about my scholarship award.

I ___ grant ___ do not grant (sign here: _________________________________)
permission to PFLAG Concord/Kannapolis to use my scholarship essay in an anthology of stories to be compiled by our scholarship committee.

Signature: ____________________________________________

Print name: ____________________________________________