

## **Scholarship Application**

Successful applicants for this scholarship will:

- 1. Be currently enrolled in, or admitted to, a degree-granting program at UAB. Applicants may be either undergraduate or graduate students; however, first preference will be given to entering first-year students at UAB.
- 2. Demonstrate solid academic promise and achievement and have earned at least a 3.0 grade point average in any coursework completed prior to the time of application.
- 3. Preference will be given to applicants who can demonstrate service to the lesbian, gay, bisexual, and transgender (LBGT) community.
- 4. All applicants are evaluated on the totality of their situation, academic achievement, financial need, demonstrated service to the LGBT community, demonstrated leadership skills, and present and future goals.
- 5. Financial need will be determined by the scholarship selection committee based on the information provided by the student when applying for the award. Applicants do not have to qualify for federal financial assistance in order to be considered for this award.

## To apply you must:

- 1. Complete this application.
- 2. Enclose an essay (no more than 750 words total) addressing the following:
  - a. Describe your involvement with the LGBT community; What inspires you to pursue equality? In what capacities have you been involved? Do you have a vision or idea for the future related to LGBT equality?
  - b. Include a short description of your past leadership experience and your future goals.
- 3. Submit two letters of recommendation from people who know you well and can comment on your academic goals, career goals, and/or your involvement with the LGBT community.

All materials must be received by the Office of Student Financial Aid no later than July 1st, 2013.

#### Please deliver this completed scholarship application and all supporting materials to:

UAB Office of Student Financial Aid HUC 317 1720 2<sup>nd</sup> Ave S Birmingham AL 35294-1150

| FOR OFFICE USE ONLY    | ,             |             |               |          |
|------------------------|---------------|-------------|---------------|----------|
| Complete: Rec          | ommendations: | Essays (2): | Transfer GPA: | UAB GPA: |
| Current UAB Scholarshi | ps:           |             |               |          |
|                        |               |             |               |          |
| Offers:                |               |             |               |          |
| L                      |               |             |               |          |
| lease print.           |               |             |               |          |
| tudent Number:         | Blaz          | er ID:      | Birth Date:   | Phone:   |
| - 11 NI                |               |             |               |          |
| ull Name:              | 1.3           |             |               |          |



# THE ALLIANCE FOR LGBT EQUALITY AT UAB

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| Preferred First Name:  |                         | Email:    |                        |            |                                   |  |
|--|-------------------------|-----------|------------------------|------------|-----------------------------------|--|
| Address:   |                         |           |                        |            |                                   |  |
| (street, apt)  |                         |           |                        |            |                                   |  |
| (city, state, county, zip) High School Attended:                       | High School City/State: |           |                        |            |                                   |  |
| High School Graduation Dat   | e (Mont                 | th/Year)  | ): I                   | Expected ( | College Graduation Date:          |  |
| Major:   |                         |           |                        |            |                                   |  |
| Please list the following info   | ormatio                 | n for all | colleges that          | you have   | e attended, including UAB.        |  |
| Name of College  | State GPA               |           | End Date               |            | Degree Earned                     |  |
|  |                         |           |                        |            |                                   |  |
|  |                         |           |                        |            |                                   |  |
|  |                         |           |                        |            |                                   |  |
| <br>  Please list LGBT related lead<br>  activities: (please attach an |                         |           |                        |            | employment and volunteer          |  |
| Title  | Dates                   |           | Hours Per Week Descrip |            | ption                             |  |
|  |                         |           |                        |            |                                   |  |
|  |                         |           |                        |            |                                   |  |
|  |                         |           |                        |            |                                   |  |
|  |                         |           |                        |            |                                   |  |
|  |                         |           |                        |            |                                   |  |
|  |                         |           |                        |            |                                   |  |
| Please list non-LGBT related volunteer activities that you             |                         |           |                        |            | emberships, employment and ision. |  |
|  |                         |           |                        |            |                                   |  |
| Other information you cons   | ider im                 | portant:  |                        |            |                                   |  |
|  |                         |           |                        |            |                                   |  |



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| Have you applied for federal financial aid?  Yes If not, do you intend to apply?  Yes No                               | □ No   |                    |
|--|--------|--------------------|
| Annual estimated family income (including all mereach other): \$<br>Number of people supported by this income:         |        | inancially support |
| I grant permission to release information from my donors. If awarded a scholarship, I grant permission press releases. |        | •                  |
| Applicants Signature:  | Date / | /                  |