**PFLAG Norfolk/South Hampton Roads Scholarship**

**2024 Application**

***-Must be postmarked by April 30th, 2024 to be eligible-***

**Applicant Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you identify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e. Lesbian, Gay, Bisexual, Pansexual, Queer, Transgender, Nonbinary, Intersex, Asexual, etc.)

What are your pronouns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e. He/Him, She/Her, They/Them, etc.)

Have you received a PFLAG Scholarship in the past? What year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years Living in Hampton Roads: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

***Have two adults write recommendations for you.***

***You may include ONE family member.***

***Please give the Reference Instructions included with this application to your references.***

***Follow-up to make sure they submit it by the deadline.***

 #1 #2

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarship Questionnaire**

PLEASE TYPE AND LIMIT EACH RESPONSE TO APPROXIMATELY 150-250 WORDS

1. What school do you plan to attend? What is your admission status (accepted, waiting for reply, etc.)?
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

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

\_\_\_ Yes \_\_\_ No

1. Will you be the first person in your family to attend college/vocational school? \_\_\_ Yes \_\_\_ No
2. First parent/guardian’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Second parent/guardian’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Ages of siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attending college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of people living in your household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What are your post-secondary educational goals (major, area of focus, vision, etc.)?
7. What jobs have you held, including volunteer work? What have you gained from these experiences?
8. What are your interests, hobbies, or extracurricular activities? Why are they important to you?
9. Who is your LGBTQIA role model? How do they best represent you?
10. What achievement has made you especially proud?
11. How has being a member of the LGBTQIA community affected you (benefits and/or challenges)?
12. What would you like the scholarship donors to know about you?

**Signature Page**

I affirm that all information I have provided is true and accurate. I agree and commit to using this scholarship for approved educational expenses ONLY (course registration fees, lab fees, books, university housing, required class materials).

I also understand I am expected to communicate with the members from the scholarship committee and respond to emails/texts in a timely manner, and if I fail to do so, I may forfeit my scholarship. If I fail to deposit my check by September 30th, 2023, this will also forfeit my scholarship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed)

***Optional Photo Release***

I hereby authorize PFLAG Norfolk/South Hampton Roads to publish any photographs taken of me at PFLAG events, and my name, for use in PFLAG’s printed publications, website and social media (i.e. Facebook, Instagram, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date