



EQUALITY SCHOLARSHIP PROGRAM STUDENT LETTER

August 31, 2020

Dear High School Senior/Continuing Student:

On behalf of the Spartanburg, SC chapter of PFLAG, we are pleased to offer two scholarships to be awarded to high school seniors graduating this academic school year of 2020-2021 who will be furthering their education or current students (undergrads) who are continuing their education. Each scholarship will be \$1,000.00.

Parental support and consent/parental signature is **not** a requirement when submitting an application to the Spartanburg Equality Scholarship Program. Consideration is given to all eligible students who are part of the LGBTQIA+ community or a straight ally.

The scholarships are available to **Spartanburg County** graduating high school seniors and current students (undergrads) who are continuing their education. Other requirements are set forth in the enclosed materials. Application packets should be mailed to the following address postmarked no later than **May 1, 2021**.

PFLAG Spartanburg
Attn: Scholarship Committee
P.O. Box 7056
Spartanburg, SC 29304

It is important to complete and submit a well-thought out application, paying attention to details that are required. Please feel free to contact us if should you need clarification or assistance.

Sincerely,

Debra Foreman, she/her/hers

Deb Foreman, she/her/hers

President, PFLAG Spartanburg <http://www.pflagspartanburg.org>



SPARTANBURG EQUALITY SCHOLARSHIP PROGRAM APPLICATION INSTRUCTIONS

Dear Applicant,

The Spartanburg, SC chapter of PFLAG is pleased to offer two scholarships to graduating high school seniors and college students (undergrads) who are continuing their education. The scholarships are \$1,000.00 each. Each applicant may be awarded only one scholarship.

Parental support and consent is **not** a requirement when submitting an application to the Spartanburg Equality Scholarship Program. Consideration is given to all eligible students.

To be eligible for these funds, you must meet the following requirements:

1. Are a graduating high school senior entering an institute of higher education this fall or a current student (undergrad) continuing in a higher education program.
2. Be a Spartanburg, SC /Spartanburg County, resident.
3. Identify as a gay, lesbian, bisexual, transgender, non-binary, gender fluid, etc. student or a straight ally demonstrating an interest in service to and/or support of the LGBTQIA+ community.
4. Have a minimum GPA of 3.0.
5. Have been accepted by a verifiable secondary educational institution (*i.e.* 4 year college, community college, or vocational school)

You must provide the following documents:

- Completed Spartanburg Equality Scholarship Application Form which includes:
 - o Demographics and identity
 - o Academic honors, recognition
 - o School clubs and extra-curricular activities
 - o Community service, clubs, activities and volunteering
 - o Who your inspiration is and why
 - o Schools to which you've applied, where you will be attending or continuing, and why
 - o How you think you can further the work you've done thus far
- Unofficial** copy of your high school/college transcript including GPA. We are seeking students with a minimum GPA of 3.0.
- One letter of recommendation from a teacher, counselor, pastor, employer, or community leader. The letter must be from someone other than a relative.
- An essay (no less than 500 words) discussing either your life as an LGBTQIA+ student or how you have been involved with and supported the LGBTQIA+ community. In this essay you should discuss how you have demonstrated leadership and support of the LGBTQIA+ community.



The completed application packet must be sent to the following address no later than **May 1, 2021**

PFLAG Spartanburg
 Attn: Scholarship Committee
 P.O. Box 7056
 Spartanburg, SC 29304

Candidates will be notified of the outcome of their application by **June 1, 2021**. The check for the scholarship will be mailed directly to the University/College that you will be attending.

EQUALITY SCHOLARSHIP PROGRAM APPLICATION FORM

Prior to 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.

APPLICANT'S GENERAL INFORMATION			
Legal Name: First, middle, last Name in Use: Pronoun:			
Address: Street, City, State, Zip			
Phone #:		E-Mail Address:	
Date of Birth:		Date of Graduation:	
Do you identify as Lesbian, Gay, Bisexual, or transgender (LGBTQIA+)? <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____		Do you identify as a straight ally of the LGBTQIA+ community? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent's or Guardian's (Not required)Name:		Parent's or Guardian's (Not required)Name:	
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Are you out? (parents/friends/both?) Yes _____ NO _____

Are your parents/guardians supportive? Yes _____ NO _____

Are you a United States Citizen? Yes _____ NO _____

APPLICANT'S HIGH SCHOOL/COLLEGE SERVICE INFORMATION

Please list your school honors or recognitions:

With what school clubs or extracurricular activities are you involved:

APPLICANT'S COMMUNITY SERVICE, EMPLOYMENT, AND INSPIRATION

Describe community service activities with which you've been involved. Please include activities in which you played a leadership role.

Please describe how you can continue community service or leadership in the future.

What jobs, if any, have you held? Please list both volunteer and paid positions as appropriate:
 Are these individuals safe to contact? Yes or No (circle one)

Employer's Name	Job Title/Role	Dates of Employment

Using at least 50 words, please describe who inspires you and why. You may use an additional sheet, if necessary.

COLLEGE/CONTINUED EDUCATION INFORMATION

Please list the schools to which you have applied/attend:

Please list schools to which you have been accepted:

What school do you plan to attend?

Please detail why you selected this school?

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:

If you wish, you may ask your parent or guardian to sign your scholarship application. Parent/Guardian signature is NOT required

Signature of parent(s) or guardian(s) and date:

Date:

Along with this completed application, please submit your unofficial high school transcript, essay, and a letter of recommendation. See the application instructions for complete requirement details

How did you hear about the PFLAG Spartanburg Equality Scholarship Program?

- PFLAG Spartanburg Website
- PFLAG Spartanburg Instagram Page
- PFLAG Spartanburg Facebook page
- School Guidance Counselor
- Other LGBTQIA+ Resource
- Other (please specify _____)



EQUALITY SCHOLARSHIP PROGRAM RELEASE FORM

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

On this date _____, I make the following five (5) statements of my own free will.

Signature: _____ Print Name: _____

I grant / do not grant permission to PFLAG Spartanburg to approach my high school principal regarding recognition of my scholarship award at the school's scholarship awards program.

Signature: _____ Name to be used: _____

I grant / do not grant permission to PFLAG Spartanburg to publish an announcement of my scholarship award in the local news media.

Signature: _____ Name to be used: _____

I grant / do not grant permission to PFLAG Spartanburg to release information about my scholarship award to PFLAG National.

Signature: _____ Name to be used: _____

I grant / do not grant permission to PFLAG Spartanburg to use my photograph in their publicity releases about my scholarship award.

Signature: _____ Name to be used: _____

I grant / do not grant permission to PFLAG Spartanburg to use my scholarship essay in an anthology of stories to be compiled for publication.

Signature: _____ Name to be used: _____



SPARTANBURG EQUALITY SCHOLARSHIP SCHOLARSHIP REFERENCE FORM

PFLAG is a national non-profit organization with over 200,000 members and supporters, as well as over 500 affiliates in the United States. PFLAG Spartanburg chapter is pleased to offer a scholarship program to graduating high school seniors and continuing college students.

_____ is applying for one of two (2) PFLAG Spartanburg scholarships and asks that you provide a reference for his/her/their application.

To assist the scholarship committee with this student's application, would you please complete the following? Please give the completed information to the student to submit with his/her/their application. The student's application package must be submitted to PFLAG Spartanburg postmarked no later than **May 1, 2021**. The scholarship committee appreciates and thanks you for your willingness to reflect on the applicant and provide your thoughts.

REFERENCE'S INFORMATION			
Name:			
Address: Street, City, State, Zip			
Phone #:		E-Mail Address:	

To assist the scholarship committee in knowing the student as you do, please provide the following information regarding the scholarship applicant:

How do you know the student?

How did you meet the student?

How often do you interact with the student?

How do you see the student demonstrate leadership traits? Please share specific actions and behaviors.

If you have any questions or concerns, please contact Deb Foreman, President of PFLAG Spartanburg at either email address: debf@pflagspartanburg.org / pflagspartanburg@gmail.com