



ALSO Youth

ADVOCACY · LEADERSHIP · SUPPORT · OUTREACH

ALSO Youth & Project Pride SRQ Scholarship Program

ALSO for Gay Youth, Inc., (DBA ALSO Youth), in partnership with Project Pride SRQ, offers multiple scholarships to provide financial support and encouragement to LGBTQ+ youth and allies who are seeking to attend a college, university or trade school recognized as accredited by the U.S. Department of Education or a similar accreditation body. This is a merit/needs based scholarship program, open to all applicants regardless of immigration status.

There are six (6) different scholarships available, described below. Please review the specific criteria carefully. An applicant may be eligible for more than one award, and awards will be determined by the ALSO Youth Scholarship Committee.

Minimum Eligibility

Applicants must meet the following criteria:

- LGBTQ+ or allied youth under the age of 24 as of August 1st of the year of application
- A resident of Sarasota or Manatee County (valid government ID must list address within either county)
- Enrolled at an accredited non-profit academic or vocational institution in the summer or fall of the year of application (proof of acceptance/enrollment required)
- Not a relative of an ALSO Youth or Project Pride SRQ board or staff member.
- Previous recipient of less than 2 ALSO Youth & Project Pride SRQ scholarships.

Scholarships Available

- ALSO Youth Founders Scholarship (for any major - \$2,500)
- ALSO Youth Greg Jung Scholarship (for education major only; \$1,000 award)
- The Ken Shelin Scholarship - (STEM majors only - \$5,000 award)
- Project Pride SRQ STEM Scholarship (for STEM major only; one \$2,500 award)
- Project Pride SRQ Education Scholarship (for education major only; one \$2,500 award)
- Project Pride SRQ General Scholarship (for any major; one \$1,000 award)

Application Procedure

- All application materials must be submitted to ALSO Youth by March 31, 2026.
- All application materials, excluding the two recommendation forms, must be combined into one email, envelope, or file link. Materials can be submitted electronically (one email or file link) or physically (scheduled drop-off, US mail, etc.)
 - Electronic submission: INFO@ALSOYouth.org
 - Mail or drop-off: ALSO Youth c/o Scholarship Committee
2195 Ringling Blvd., Sarasota, FL 34237

Required Application Materials

Scholarship applicants are responsible for completing and compiling the following.

| | |
|--|--|
| Application and Information Release Statement | Signed and dated by Applicant (if over 18) Signed and dated by Applicant and Legal Guardian (if under 18) |
| Application Form | Read all directions carefully and be sure to answer every question. Incomplete applications will not be considered |
| Transcripts | This may include high school transcripts, GED score report or any post-secondary transcripts. |
| Proof of acceptance/enrollment | |
| Resume | Must include any current or past <ul style="list-style-type: none">• jobs• school clubs and/or teams• volunteer experiences• awards |
| Personal Statement | Must include: <ul style="list-style-type: none">• why the applicant has applied for the scholarship• any current or past involvement in, or leadership position(s) held for, LGBTQ+ advocacy, their school GSA/equality or diversity club/ALSO Youth• educational and career goals |
| Copy of FAFSA SAR | Free Application for Student Federal Aid (FAFSA) Student Aid Report (SAR) or equivalent |

Required Recommendations

Scholarship applicants must have the following completed and submitted by other persons by March 31, 2026

| | |
|------------------------------|--|
| Recommendation Form A | Applicants must fill out the top half and then hand off the remaining form to recommender. Recommenders must submit the form to ALSO Youth; the form should NOT return to the applicant. |
| Recommendation Form B | Applicants must fill out the top half and then hand off the remaining form to recommender. Recommenders must submit the form to ALSO Youth; the form should NOT return to the applicant. |

Selection Criteria

The Scholarship Committee will consider the following when selecting scholarship recipients:

- Any current or past involvement in or leadership position for LGBTQ+ advocacy, their school GSA/equality or diversity club/ALSO Youth.
- Academic achievements
- Financial need

Finalists may be required to attend a personal interview with the selection committee.

Scholarship Awards

Scholarship funds are paid directly to the recipient's school and are designated for tuition, required fees, books, and supplies only.

Application and Information Release Statement

ALSO Youth Scholarship Program Committee awards scholarships on the basis of a competitive process for high school seniors or college/vocational students under the age of 24 as of August 1, 2025 who have met the eligibility requirements stated.

Scholarships are awarded at the discretion of the ALSO Youth's Scholarship Committee and upon approval by the ALSO Youth Board of Directors. Scholarship funds are paid directly to the recipient's school and are designated for tuition, required fees, books and supplies only. The ALSO Youth Scholarship Program Committee reserves the right not to award scholarships if applicants are not considered qualified. Scholarships are awarded without regard to race, color, ethnicity, national origin, religion, sexuality, gender identity or immigration or citizenship status.

I _____ (print legal name) affirm the following:

- I give permission for any college or school to release to the ALSO Youth Scholarship Program Committee any information necessary to process or maintain my scholarship.
- The information provided in my application is, to the best of my knowledge, complete and accurate.
- I understand that false statements on this application may disqualify me from receiving a scholarship.
- I understand, due to funding, not every eligible applicant will receive an award; however, no application materials will be returned.
- I understand that the application deadline is March 31, 2026.
- I understand that incomplete applications, or any application that has not been updated from prior submissions, will not be considered.
- By initialing each line below, I confirm that each item is included in my application.

____ Application and Information Release Statement

____ Application Form

____ Transcripts

____ Proof of acceptance/enrollment

____ Resume

____ Personal Statement

____ Copy of FAFSA SAR

Signature _____
(legal name required)

Date _____

Legal Guardian Printed Name _____
(if applicable)

Legal Guardian Signature _____

Date _____

Scholarship Application

This application must be fully completed. Incomplete applications will not be considered.

| Personal Information | | | |
|---|-------|--------------------------|--|
| Applicant's Legal Name (First Middle Last) | | | |
| Chosen Name (if applicable) | | | |
| Street Address | | | |
| City, State, Zip, County | | | |
| Telephone Number | | | |
| Email | | | |
| Preferred method of contact (circle one): | Email | Phone Call | |
| Date of Birth (MM/DD/YYYY): | | | |
| Place of Birth: | | | |
| Sexual Orientation: | | ___ Prefer not to answer | |
| Gender: | | ___ Prefer not to answer | |
| Pronouns: | | ___ Prefer not to answer | |
| Do you have any dependents? (circle one) | Yes | No | |
| If yes, please list how many: | | | |

| Scholarship Information |
|---|
| What scholarship(s) are you applying for? |
| |

| Education Information |
|---|
| <i>Institution to which possible awarded funds would be paid</i> |
| Name: |
| Address: |
| Cumulative GPA (if applicable): |
| Anticipated completion/graduation Date: |
| What year will you be in this summer or fall? (1, 2, 3, 4, post-grad 1, etc.) |

| |
|---|
| Major/area of study: |
| Number of credit hours already earned (if applicable): |
| <i>Next previous school (post-grad, undergrad, high school)</i> |
| Name: |
| Address: |
| Cumulative GPA (if applicable): |
| Completion/Graduation Date: |
| <i>Next previous school (post-grad, undergrad, high school)</i> |
| Name: |
| Address: |
| Cumulative GPA (if applicable): |
| Completion/Graduation Date: |

Please insert the remaining required application forms here

- Transcripts
- Proof of Enrollment/Acceptance
- Resume
- Personal Statement
- Copy of FAFSA SAR or equivalent

Recommendation Form A

THIS PORTION MUST BE COMPLETED BY STUDENT APPLICANT

| | |
|--|--|
| Applicant Name | |
| Street Address | |
| City, State Zip Code | |
| Name of intended non-profit academic or vocational institution | |

THIS PORTION MUST BE COMPLETED BY THE RECOMMENDER

To the Recommender,

Your comments are very important and are greatly appreciated. The student named above is applying for a scholarship through the ALSO Youth and Project Pride SRQ Scholarship Program. Your recommendation is needed as part of the application process. After completing the information below, please attach a letter of recommendation (of no more than one page) for the student, expressing why you think they should be considered for a scholarship. Please note that the criteria for scholarship selection includes the applicant's:

1. Academic commitment, past results and/or potential
2. Past and/or potential leadership skills
3. Financial need

Please submit this completed form and your letter of recommendation as one document to ALSO Youth by March 31, 2026.

| | | | | |
|--|----------------------------|---------------------------|-------|-------|
| Indicate your relationship to the applicant: (circle one) | Instructor or Professor | Employer or Supervisor | Coach | Other |
| If other, please specify: | | | | |
| How long have you known the applicant? | | | | |
| Your name | | | | |
| Your title | | | | |
| Mailing Address (street) | | | | |
| City, State Zip Code | | | | |
| Phone | | | | |
| Email | | | | |

Signature _____

Date _____

Recommendation Form B

THIS PORTION MUST BE COMPLETED BY STUDENT APPLICANT

| | |
|--|--|
| Applicant Name | |
| Street Address | |
| City, State Zip Code | |
| Name of intended non-profit academic or vocational institution | |

THIS PORTION MUST BE COMPLETED BY THE RECOMMENDER

To the Recommender,

Your comments are very important and are greatly appreciated. The student named above is applying for a scholarship through the ALSO Youth and Project Pride SRQ Scholarship Program. Your recommendation is needed as part of the application process. After completing the information below, please attach a letter of recommendation (of no more than one page) for the student, expressing why you think they should be considered for a scholarship. Please note that the criteria for scholarship selection includes the applicant's:

4. Academic commitment, past results and/or potential
5. Past and/or potential leadership skills
6. Financial need

Please submit this completed form and your letter of recommendation as one document to ALSO Youth by March 31, 2026.

| | | | | |
|--|----------------------------|---------------------------|-------|-------|
| Indicate your relationship to the applicant: (circle one) | Instructor or Professor | Employer or Supervisor | Coach | Other |
| If other, please specify: | | | | |
| How long have you known the applicant? | | | | |
| Your name | | | | |
| Your title | | | | |
| Mailing Address (street) | | | | |
| City, State Zip Code | | | | |
| Phone | | | | |
| Email | | | | |

Signature _____

Date _____