



**ALSO**Youth

ADVOCACY · LEADERSHIP · SUPPORT · OUTREACH

## ALSO Youth Scholarship Program

ALSO Youth, Inc., is offering 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 5 different scholarships available, described below. Please review the specific criteria carefully and indicate the scholarship(s) of interest. An applicant may be eligible for more than one award, and awards will be determined by the ALSO Youth Scholarship Program Committee.

### Scholarships available:

- ALSO Youth Betsy Nelson Scholarship (Any major, multiple minimum awards of \$500)
- ALSO Youth Greg Jung Scholarship (Education major only, multiple \$1000 awards)
- Project Pride SRQ STEM Scholarship (For STEM major only, one \$2500 award)
- Project Pride SRQ Education Scholarship (For Education major only, one \$2500 award)
- Project Pride SRQ General Scholarship (Any major, one \$1000 award)

### MINIMUM ELIGIBILITY

*Scholarship applicants must meet the following criteria:*

1. LGBTQ+ youth and allies under the age of 24 as of **August 1<sup>st</sup>** of the year of application.
2. A resident of Sarasota or Manatee County.
3. Enrolled at an accredited non-profit academic or vocational institution in the summer or fall of the year of application.
4. Not a relative of ALSO Youth or Project Pride SRQ Board member or staff.
5. Previously received fewer than two (2) ALSO Youth scholarships

### APPLICATION PROCEDURE

*Scholarship applicants must submit the following to ALSO Youth by March 31, 2024.*

- A completed application form. Incomplete applications will not be considered.
- A current, typed resume including jobs, school club and/or volunteer experience, sports awards.
- A one-to-two page typed personal statement expressing why the applicant is applying for the scholarship, listing leadership positions or involvement in LGBTQ+ advocacy, their school GSA, Diversity Club, or ALSO Youth involvement, and the applicant's educational and career goals.
- Copy of FAFSA (Free Application for Federal Student Aid) Student Aid Report (SAR) or equivalent.
- Transcript(s) of grades for the applicant's most recently completed coursework. This may include high school transcripts, GED score report or any postsecondary transcripts.
- Two recommendation forms from non-related adults such as instructors, employers or mentors (excluding ALSO Youth and Project Pride SRQ Board members or staff).

### SELECTION CRITERIA

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

- Leadership/Involvement with ALSO Youth, LGBTQ+ advocacy, and/or school GSA or Diversity Club.
- Academic achievement.
- Financial need.

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

### SCHOLARSHIP AWARDS

- *Proof of enrollment or letter of acceptance will be required prior to release of checks.*
- *Scholarship funds are paid directly to the recipient's school and are designated for tuition, required fees, books and supplies only.*

# ALSO Youth Scholarship Program Application

## PERSONAL INFORMATION

Applicant's Legal Name (First, Middle, Last): \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Permanent Street Address: \_\_\_\_\_  
City, State, ZIP: County: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Which of these is the best way to reach you? \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Sexual Orientation: \_\_\_\_\_  Undecided / Prefer not to answer  
Gender identity: \_\_\_\_\_ Gender pronouns: \_\_\_\_\_  
Number of Dependent Children: \_\_\_\_\_ Ages: \_\_\_\_\_

## HIGH SCHOOL INFORMATION

High school(s) attended: \_\_\_\_\_ Location: \_\_\_\_\_  
High school: \_\_\_\_\_ Location: \_\_\_\_\_  
High school graduation date: \_\_\_\_\_ Current cumulative weighted GPA (if applicable): \_\_\_\_\_

## COLLEGE/VOCATIONAL SCHOOL INFORMATION

College/School you plan to attend this summer/fall: \_\_\_\_\_ Location: \_\_\_\_\_  
What is your intended major/program of study? \_\_\_\_\_  
Check the class you will be in this summer/fall:  Freshman  Sophomore  Junior  Senior  
College(s)/vocational school(s) currently attending/attended (if any): \_\_\_\_\_  
Number of college level credit hours already earned (if applicable): \_\_\_\_\_

## PERSONAL STATEMENT

Please attach 1-2 pages of a personal statement explaining why you are applying for a scholarship and describing your educational or career goals. Please type your name at the top of each page.

## FINANCIAL DATA

Please include a copy of your FAFSA Student Aid Report or equivalent.

Explain any unusual household financial circumstances in your personal statement.

## ALSO Youth Scholarship Program

ALSO Youth Scholarship Program Committee awards scholarships on the basis of a competitive process for high school seniors or college students under the age of 24 as of August 1, 2024 who have met the eligibility requirements stated.

Scholarships are awarded at the discretion of the ALSO Youth's Scholarship Program 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.

### APPLICATION AND INFORMATION RELEASE STATEMENT

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, (print applicant's legal name) \_\_\_\_\_ 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.

Applicant's Signature (legal name): \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION CHECKLIST

The ALSO Youth Scholarship Program application includes all of the following materials. Check off each item when completed, and if possible, submit together in one envelope or email message. **Application deadline is March 31, 2024.** INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

- A completed application form.
- A current, typed resume.
- A one-to-two page typed personal statement expressing why the student is applying for the scholarship and the student's educational and career goals.
- A copy of the student's completed Free Application for Federal Student Aid (FAFSA) Student Aid Report or equivalent.
- Transcript(s) of grades for the student's most recently completed coursework (this may include high school transcripts, GED score report or postsecondary transcripts).
- Two recommendation forms from non-related adults such as instructors or other campus administrators, employers, mentors, etc.

**SUBMIT ALL APPLICATION MATERIALS TO BY MARCH 31, 2024, either electronically, personal drop off, or US Mail, Fed Ex, etc.**

#### Mail or drop off:

ALSO Youth  
Attn: Becky McDonough  
1470 Blvd of the Arts  
Sarasota, FL 34236

Electronic submission:  
[becky@alsoyouth.org](mailto:becky@alsoyouth.org)

**RECOMMENDATION FORM #1**

**To be completed by APPLICANT:**

Applicant's Name: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

College/university you plan to attend this fall: \_\_\_\_\_

**TO THE REFERENCE:**

The student named above is applying for a scholarship through the ALSO Youth Scholarship Program. Your recommendation is needed as part of the application process. After completing the information below, please attach a 1-2 page letter of recommendation for the student.

Your recommendation should express why you think this student should be considered for a scholarship. Criteria for scholarship selection include the applicant's academic commitment and potential, as well as financial need. YOUR COMMENTS ARE VERY IMPORTANT.

Please note that the recommendation may not be written by current ALSO Youth or Project Pride SRQ Board members or staff.

Please email this completed recommendation form and your letter of recommendation to [becky@alsoyouth.org](mailto:becky@alsoyouth.org) as soon as possible.

The application deadline is March 31, 2024.

Check your relationship to the applicant:  Instructor/Professor  Employer/Supervisor  Other

If other, please specify: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

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

Title: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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



**RECOMMENDATION FORM #2**

**To be completed by APPLICANT:**

Applicant's Name: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

College/university you plan to attend this fall: \_\_\_\_\_

**TO THE REFERENCE:**

The student named above is applying for a scholarship through the ALSO Youth Scholarship Program. Your recommendation is needed as part of the application process. After completing the information below, please attach a 1-2 page letter of recommendation for the applicant.

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City, State, ZIP: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

