



# The Grand Valley State University LGBT Scholarship Application

This scholarship was created by gay and lesbian faculty and staff at Grand Valley State University and by others who are supportive of lesbian, gay, bisexual, and transgendered (LGBT) students. The purpose of this scholarship is to provide financial assistance for students who study at GVSU and who demonstrate positive sensitivity and involvement in LGBT issues. The scholarship is also intended to promote visibility of LGBT life and foster service and activism in the larger community.

## PERSONAL

PLEASE TYPE OR PRINT CLEARLY

NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_  
*(first) (middle) (last)*

ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCAL PHONE: \_\_\_\_\_ PERM PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SEX/GENDER: \_\_\_\_\_

LIST ALL MEMBER OF YOUR FAMILY BY RELATIONSHIP AND AGE (e.g., Father, 49; Mother, 47; Sister, 12; etc):

## ENROLLMENT

Have you been admitted to GVSU?: \_\_\_\_\_ Are you currently enrolled at GVSU?: \_\_\_\_\_ GPA: \_\_\_\_\_

Term(s) for which you are requesting scholarship assistance: (Check ALL that apply. Scholarship funds will only be considered for the term(s) indicated)

FALL 20 \_\_\_\_\_ WINTER 20 \_\_\_\_\_ SPRING/SUMMER 20 \_\_\_\_\_

Year in school (check one)

HIGH SCHOOL \_\_\_\_\_ Senior \_\_\_\_\_ Graduating: \_\_\_\_\_ HS GPA: \_\_\_\_\_

UNDERGRADUATE \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

GRADUATE \_\_\_\_\_ Masters \_\_\_\_\_ PH.D.

PROFESSIONAL \_\_\_\_\_ Law \_\_\_\_\_ Medicine

OTHER (please specify) \_\_\_\_\_

In what area(s) do you plan to specialize?: \_\_\_\_\_

What other scholarships are you seeking?: \_\_\_\_\_

*(over)*

## ATTACH TO THIS APPLICATION

- 1.) A letter of recommendation from one instructor or teacher.
- 2.) A letter of recommendation from one outside source (employer, minister, adult friend, etc.)
- 3.) A personal letter telling us about yourself:
  - a.) Your academic strengths and weaknesses.
  - b.) Your personal strengths and weaknesses.
  - c.) Describe how your present circumstances support the goals of this scholarship.
  - d.) Describe any personal involvement in LGBT affairs, community events, politics, etc.

I certify that the information contained in this application and any attachments is accurate. By my signature, I give Grand Valley State University permission to release to the LGBT Scholarship Committee any information regarding financial need and verification of my enrollment or acceptance. GVSU and the LGBT Scholarship Committee have my authorization to review information related to my eligibility for the scholarship.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPLICATION REQUIREMENTS

- 1.) Application will be accepted from high school seniors who are graduating and pursuing educational opportunities at Grand Valley State
- 2.) Applications will be accepted from any undergraduate or graduate student who is currently enrolled at Grand Valley State.
- 3.) Recipients will be selected on the basis of scholastic achievement or promise, financial need, and desirable qualities of character and leadership, with preference given to gay, lesbian, bisexual or transgendered students.
- 4.) The number and amount of scholarship awards will be determined by distributions from the endowment.
- 5.) Scholarship funds will be disbursed to the recipients in accordance with the school or university scholarship policies and procedures.

RETURN THIS COMPLETED FORM WITH ALL ATTACHMENTS BY APRIL 30, 2007

Scholarship Selection Committee  
c/o Gary Van Ham - 130 LOH  
Grand Valley State University  
1 Campus Dr.  
Allendale, MI 49401

Any and all questions can be directed to:  
Phone: 616.331.2781  
Fax: 616.331.3899  
Email: vanharn@gvsu.edu