



ORLANDO YOUTH ALLIANCE

# Orlando Youth Alliance – The Community Gay Straight Alliance Continuing Education Scholarship

## Scholarship Application

[www.orlandoyouthalliance.org](http://www.orlandoyouthalliance.org)

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

Are you a citizen of the United States? YES  NO  If no, where? \_\_\_\_\_

Are you a Florida Resident? YES  NO  If no, where? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Attachments

1. Copy of school transcript from the Post-Secondary school (college or university) you are currently attending or copy of school transcript from the High School currently attending
2. Essay: 2-page, name on each page, double-spaced, 12 sized font (spelling, grammar and structure will be evaluated) to include: short biography highlighting academic success and course work, impact or experience you have had by/as a LGBTQ student, focused major or career goal, why you selected it and how you intend to use in the future
3. One current letter of recommendation from faculty members, school administrator, minister, or counselor
4. Description of degree program including courses required. This should be from the University catalogue. Printed excerpts must include bibliographical reference information for the original data source
5. Current Resume

**Other Requirements**

**Completed applications must be postmarked no later than February 28. Application and application attachments are to be mailed to:**

Orlando Youth Alliance  
PO Box 536944  
Orlando, FL. 32853-6944

Recipient must be an active member of either OYA, SYA, or LYA during the time of application. Scholarship may be used for the purchase of tuition, course expenses, assessment requirements or text books. Recipient will be requested to provide documentation supporting the purchase of items listed above using scholarship funds.

The amount of scholarships awarded may be up to \$2,000.00 and will be determined by the number of chosen recipients as well as the available fundraising capabilities of the organization. All scholarship funds provided must be used within one year from the date received.

I agree that my name and any information I provide with this application may be used for the purposes of publicizing and promoting the OYA scholarship for which I am applying.

If I receive the Orlando Youth Alliance Scholarship for Continuing Education, I will enroll as a full-time (12 hours minimum) student for the Fall and/or Spring semesters of the coming academic year and take at least one course toward my declared major.

*I certify that my answers are true and complete to the best of my knowledge.*

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