

## Parents, Families, & Friends of Lesbians and Gays

### PFLAG Greensboro Carter Stroupe Memorial Scholarship

#### Guidelines

*The Carter Stroupe Memorial Scholarship is dedicated to assisting gay, lesbian, bisexual, transgender and LGBT allied students further their education to become successful adults. The scholarship is funded by individual donations and the PFLAG Greensboro Carter Stroupe Memorial Scholarship Endowment. We wish to express our appreciation to the Guilford Green Foundation for their initial donation and assistance with starting the endowment and to the many individuals who have donated to the endowment.*

#### Scholarship Information

- The PFLAG Greensboro Carter Stroupe Memorial Scholarship is in the amount of \$1,000.
- The money must be used toward educational expenses.
- Awards will be distributed to the student upon receipt of a letter of acceptance and verification of enrollment.

#### Eligibility

- Be a resident of Guilford, Rockingham, Randolph or Alamance County, North Carolina.
- Be applying to attend, or currently attending a college or university pursuing an undergraduate college degree;
- Or be applying to attend, or currently attending a technical/vocational program pursuing certification.
- Be a self-identified lesbian, gay, bisexual, transgender or straight ally.
- Have demonstrated service or a desire to serve the LGBT community.

#### Requirements

- Your application and required materials must be postmarked by **March 16, 2012**
- A signed and completed scholarship application.
- Your high school or GED transcript (sent by your school) and/or your most recent college or university transcript.
- Two letters of reference. References should be from people other than family members.
- A signed and completed release form. A parent or guardian must sign if you are under 18 years of age.

#### Downloading the application

- If you wish to download this application please go to [www.pflaggreensboro.org](http://www.pflaggreensboro.org)

#### All materials should be sent to:

PFLAG Greensboro  
Attention: Scholarship Committee  
PO Box 4153  
Greensboro, NC 27404  
Email: [csmscholarship@gmail.com](mailto:csmscholarship@gmail.com)

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\*In addition to the PFLAG Greensboro Carter Stroupe Memorial Scholarship, you may be interested in applying for a PFLAG National Scholarship. You can find the information in the Education & Programs section on their website at [www.pflag.org](http://www.pflag.org)

**Parents, Families, & Friends of Lesbians and Gays**

**PFLAG Greensboro  
Carter Stroupe Memorial Scholarship**

**Application**

**Personal Data**

Name (Print): \_\_\_\_\_

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

Street: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

YES  NO Are we permitted to leave a message at either of these numbers referencing PFLAG Greensboro or its purpose? (If NO, we will contact you via the email address provided.)

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Date of Birth: \_\_\_\_\_

YES  NO Are you a U.S. Citizen

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**How do you identify yourself:**  Lesbian  Gay  Bisexual  Transgender  Straight Ally.

YES  NO If you are LGBT, are you "out and open" in the community?

YES  NO If you are LGBT, are your parent(s)/guardian(s) aware of your LGBT Status?

YES  NO If you are LGBT, are your parent(s)/guardian(s) supportive of your LGBT status?

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**If you are a graduating high school senior please complete the following.**

Expected Graduation Date: \_\_\_\_\_

Name of High School: \_\_\_\_\_

City / State: \_\_\_\_\_

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**Name and location of school(s) you plan to attend or are currently attending:**

Name of School, City, State \_\_\_\_\_

Name of School, City, State \_\_\_\_\_

Name of School, City, State \_\_\_\_\_

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**What is your admission status?**

Planning on applying

Already Attending

Applied and waiting for response

Accepted for admission

Other \_\_\_\_\_

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**Current Academic Standing**

Graduating HS Senior or Equivalent

College/University  Freshman  Sophomore  Junior  Senior

Other \_\_\_\_\_

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**Major(s) intended major(s) or area of studies:**

\_\_\_\_\_

**Please list any awards, honors or recognitions you have received from your school or community.**

\_\_\_\_\_

\_\_\_\_\_

**Please list involvements or leadership roles you have had with clubs or extracurricular activities:**

\_\_\_\_\_

\_\_\_\_\_

**Essay (Your essay should be between 500 and 1000 words, preferably typed, and should integrate answers to the following.)**

*How has being an LGBT Student or an LGBT Ally impacted your life? How have your experiences molded who you are today? What have you done and what will you do to improve the LGBT community?*

**How did you hear about the PFLAG Greensboro Carter Stroupe Memorial Scholarship?**

\_\_\_\_\_

**Additional Comments**

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I certify that the information contained in this application is true.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note: A hard copy of this application must accompany the signed Release Form**

**PFLAG Greensboro  
Carter Stroupe Memorial Scholarship  
Release Form**

**Please indicate "Grant" or Do Not Grant" in each line and sign.**

***Please be assured that whether you grant or deny these permissions  
It WILL NOT affect the outcome of your application.***

On the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year), I make the following statements of my own free will.

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

Print Name: \_\_\_\_\_

(Please indicate as appropriate and sign by each).

I Grant    Do Not Grant (sign here: \_\_\_\_\_)  
to PFLAG Greensboro permission to approach my school regarding recognition of my scholarship award.

I Grant    Do Not Grant (sign here: \_\_\_\_\_)  
to PFLAG Greensboro permission to publish an announcement of my scholarship award and in the local news media.

I Grant    Do Not Grant (sign here: \_\_\_\_\_)  
to PFLAG Greensboro permission to use my photograph in their publicity releases about my scholarship award.

I Grant    Do Not Grant (sign here: \_\_\_\_\_)  
to PFLAG Greensboro permission to use my scholarship essay in an anthology of stories to be compiled for publication or for promotion of the scholarship program.

I Grant    Do Not Grant (sign here: \_\_\_\_\_)  
to PFLAG Greensboro permission to include my picture and bio in their newsletter or on their website.

Comments

*\*If you are under 18 years of age your parent/guardian must sign approving your above responses.*

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PFLAG Greensboro  
Carter Stroupe Memorial Scholarship**

**Reference Form**

PFLAG Greensboro (Parents, Families and Friends of Lesbians and Gays) is part of a national organization of approximately 250,000 members and supporters organized across the country, with a presence in every state, and in the Commonwealth of Puerto Rico. PFLAG Greensboro is pleased to offer the Carter Stroupe Memorial Scholarship to graduating high school seniors.

You have been given as a reference by: \_\_\_\_\_

Reference Name (please print): \_\_\_\_\_

Reference Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

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

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

How long have you known this student? \_\_\_\_\_

What is your relationship with this student? (teacher, advisor, minister, school counselor, etc.)  
\_\_\_\_\_

Would you recommend this student for the PFLAG Greensboro Carter Stroupe Memorial Scholarship and why? (Please use a separate sheet of paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please return the completed reference form directly to:

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**Attention: Scholarship Committee**  
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**Greensboro, NC 27404**  
**Email: [csmscholarship@gmail.com](mailto:csmscholarship@gmail.com)**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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