

**SALISBURY-ROWAN PFLAG SCHOLARSHIP PROGRAM  
STUDENT LETTER**



February 6, 2017

Dear High School Senior:

On behalf of the Salisbury-Rowan chapter of Parents, Families, and Friends of Lesbians and Gays (PFLAG), we are pleased to offer seven (7) \$1,000 scholarships to be awarded to seniors graduating this school year who will be furthering their education this fall. This is the tenth year that scholarships have been offered through the Salisbury-Rowan PFLAG Scholarship Program.

**PFLAG Founder's Equality Scholarship in Honor of Mike Clawson - \$1000.00**

**Anne Stanback – Charlotte Kinlock Scholarship – \$1000.00**

**Linda Ketner Community Service Scholarship - \$1000.00**

**Bob Page – Dale Frederiksen Business Scholarship - \$1000.00**

**Salisbury Pride – Scotty Ray Gilbert Scholarship - \$1000.00**

**Roger and Linda Hull Scholarship - \$1000.00**

**Russell E. Hellekson, Jr. Scholarship - \$1000.00**

While parental support and consent is desirable, in order to submit an application to the Salisbury-Rowan PFLAG Scholarship Program, it is not a requirement. Consideration is given to all students.

The scholarships are available to graduating seniors who are continuing their education. We are seeking students with a minimum GPA of 3.0. Other requirements are set forth in the enclosed materials.

*Complete application due by Monday, April 3 to Mrs. Trexler in Guidance.*

It is important to complete and submit a well-thought out application, paying attention to details required. Please feel free to contact any committee member should you need clarification or assistance.

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Sincerely,

*J. Michael Clawson*

J. Michael Clawson  
Chairperson, Salisbury-Rowan PFLAG Scholarship Program

## **SALISBURY-ROWAN PFLAG SCHOLARSHIP PROGRAM APPLICATION INSTRUCTIONS**



Dear Applicant:

The Salisbury-Rowan chapter of Parents, Families, and Friends of Lesbians and Gays (PFLAG) is pleased to offer seven scholarships to graduating high school seniors who are continuing their education this fall. Each applicant may be awarded only one scholarship.

**PFLAG Founder's Equality Scholarship in Honor of Mike Clawson - \$1000.00**

**Anne Stanback – Charlotte Kinlock Scholarship – \$1000.00**

**Linda Ketner Community Service Scholarship - \$1000.00**

**Bob Page – Dale Frederiksen Business Scholarship - \$1000.00**

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**Roger and Linda Hull Scholarship - \$1000.00**

**Russell E. Hellekson, Jr. Scholarship - \$1000.00**

While parental support and consent is desirable, in order to submit an application to the Salisbury-Rowan PFLAG Scholarship Program, it is **not** a requirement. Consideration is given to all students.

**To be eligible for these funds, you must meet the following requirements:**

1. Be a graduating high school senior entering an institute of higher education this fall.
2. Identify as a gay, lesbian, bisexual, or transgender student or a straight ally demonstrating an interest in service to and/or support of the LGBT community.
3. Has been accepted by a verifiable secondary educational institution (*i.e.* 4 year college, community college, or vocational school)

**You must provide the following documents:**

- Completed Salisbury-Rowan PFLAG Scholarship Application Form which includes:
  - Demographics and identity
  - Academic honors, recognition
  - School clubs and extra-curricular activities
  - Community service, clubs, activities and volunteering
  - Who your inspiration is and why
  - Schools to which you've applied, where you will be attending, and why
  - How you think you can further the work you've done thus far
- Unofficial copy of your high school transcript including GPA. We are seeking students with a minimum GPA of 3.0.
- One letter of recommendation from a teacher, counselor, pastor, employer, or community leader. The letter must be from someone other than a relative.
- An essay (no less than 500 words) discussing either your life as an LGBT student or how you have been involved with and supported the LGBT community. In this essay you should discuss how you have demonstrated leadership, scholarship and support of the LGBT community.

The completed application packet must be sent to the following address no later than April 10, 2017.

Salisbury-Rowan PFLAG  
Attn: Scholarship Administrator  
475 Jake Alexander Blvd West - Suite 102  
PMB 5207  
Salisbury, NC 28147-1421

Candidates will be notified of the outcome of their application by May 15, 2017. Presentation of awards and checks will be made at the annual Salisbury Pride celebration on June 24, 2017.

**SALISBURY-ROWAN PFLAG SCHOLARSHIP PROGRAM  
APPLICATION FORM**



Prior to completing this form, please read the attached letter to ensure that you meet the eligibility requirements and can agree to the conditions of this award. **All information provided on this form will be treated with confidentiality.**

Please PRINT or TYPE your responses to the following questions.

<b>APPLICANT'S GENERAL INFORMATION</b>			
<b>Name:</b> First, middle, last			
<b>Address:</b> Street, City, State, Zip			
<b>Phone #:</b>		<b>E-Mail Address:</b>	
<b>Date of Birth:</b>		<b>Date of Graduation:</b>	
<b>Do you identify as Lesbian, Gay, Bi-sexual, or transgender (LGBT)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you identify as straight ally of the LGBT community?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent's or Guardian's Name:</b>		<b>Parent's or Guardian's Name:</b>	

<b>APPLICANT'S HIGH SCHOOL SERVICE INFORMATION - Attach a separate sheet if you prefer</b>
<b>Please list your school honors or recognitions:</b>
<b>With what school clubs or extracurricular activities are you involved:</b>

<b>APPLICANT'S COMMUNITY SERVICE, EMPLOYMENT, AND INSPIRATION</b> Attach a separate sheet if you prefer
<b>Describe community service activities with which you've been involved. Please include activities in which you played a leadership role.</b>
<b>Please describe how you can continue community service or leadership in the future.</b>

**What jobs, if any, have you held? Please list both volunteer and paid positions as appropriate:**

Employer's Name	Job Title/Role	Dates of Employment

Using at least 50 words, please describe who inspires you and why. Attach a separate sheet if you prefer.

Please share the name of a teacher at your school who you think has been particularly supportive of LGBTQA students. In <50 words, please describe what he or she does to support students.

**COLLEGE/CONTINUED EDUCATION INFORMATION**

Please list the schools to which you have applied:

Please list schools to which you have been accepted:

What school do you plan to attend?

Please detail why you selected this school?

**CERTIFICATION AND SIGNATURE(S)**

All of the information provided on this form is true and complete to the best of my knowledge:

Signature of applicant:

Date:

If you wish, you may ask your parent or guardian to sign your scholarship application. Parent/Guardian signature is desirable but not required

Signature of parent(s) or guardian(s) and date:

Date:

Along with this completed application, please submit your unofficial high school transcript, essay, and a letter of recommendation. See the application instructions for complete requirement details

How did you hear about the Salisbury-Rowan PFLAG Scholarship Program?

- Salisbury-Rowan PFLAG website
- Salisbury Post
- School Guidance Counselor
- Facebook
- Other LGBT Resource
- Other (please specify \_\_\_\_\_ )

**SALISBURY-ROWAN PFLAG SCHOLARSHIP PROGRAM  
RELEASE FORM**



**Please complete this form and return it with your application. Please be assured that whether you grant or deny these permissions it does NOT affect the outcome of your application. This is an administrative form that is not sent out to reviewers.**

On this date \_\_\_\_\_, I make the following five (5) statements of my own free will.

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

I  grant /  do not grant permission to Salisbury-Rowan PFLAG to approach my high school principal regarding recognition of my scholarship award at the school's scholarship awards program.

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

I  grant /  do not grant permission to Salisbury-Rowan PFLAG to publish an announcement of my scholarship award in the local news media.

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

I  grant /  do not grant permission to Salisbury-Rowan PFLAG to release information about my scholarship award to PFLAG National.

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

I  grant /  do not grant permission to Salisbury-Rowan PFLAG to use my photograph in their publicity releases about my scholarship award.

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

I  grant /  do not grant permission to Salisbury-Rowan PFLAG to use my scholarship essay in an anthology of stories to be compiled for publication.

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

**SALISBURY-ROWAN PFLAG SCHOLARSHIP FOUNDATION  
SCHOLARSHIP REFERENCE FORM**



Parents, Families, and Friends of Lesbians and Gays (PFLAG) is a national non-profit organization with over 200,000 members and supports and over 500 affiliates in the United States. Salisbury-Rowan PFLAG chapter is pleased to offer a scholarship program to graduating high school seniors.

\_\_\_\_\_ is applying for one of seven (7) Salisbury-Rowan PFLAG scholarships and asks that you provide a reference for his/her application.

To assist the scholarship committee with this student's application, would you please complete the following? Please give the completed information to the student to submit with his/her application. The student's application package must be submitted to Salisbury-Rowan PFLAG postmarked no later than April 10, 2017. The scholarship committee appreciates and thanks you for your willingness to reflect on the applicant and provide your thoughts.

REFERENCE'S INFORMATION			
<b>Name:</b>			
<b>Address:</b> Street, City, State, Zip			
<b>Phone #:</b>		<b>E-Mail Address:</b>	

APPLICANT'S GENERAL INFORMATION
<p>To assist the scholarship committee in knowing the student as you do, please provide the following information regarding the scholarship applicant. If you prefer, please attach a separate letter of recommendation including the following:</p> <p><input type="checkbox"/> How do you know the student?</p> <p><input type="checkbox"/> How did you meet the student?</p> <p><input type="checkbox"/> How often do you interact with the student?</p> <p><input type="checkbox"/> How do you see the student demonstrate leadership traits? Please share specific actions and behaviors.</p>

If you have any questions or concerns, please contact Michael Clawson, chairperson of the Scholarship Advisory Committee at [salisburypflag@gmail.com](mailto:salisburypflag@gmail.com) or 704-213-0181.