

AJ Betts **LGBTQ** Youth Memorial Fund Scholarship Program

Information: This application form and all other required documentation must be received at least 1 week prior to the date that funds are needed. Scholarship forms may be submitted by mail to: **Iowa Safe Schools, ATTN: AJ Betts LGBTQ Youth Memorial Fund, P.O. Box 704, Des Moines, IA 50303**, or by emailing scholarships@iowasafeschools.org. Note that scholarships are rewarded on a case-by-case basis, and that receipt of a scholarship means that the indicated amount is **WAIVED**, and that no checks or monies will be dispersed to recipients or schools.

Questions? Call 515-381-0588 (8 a.m. – 5 p.m. weekdays) or e-mail: scholarships@iowasafeschools.org. Website: www.iowasafeschools.org

AJ Betts LGBTQ Youth Memorial Fund Scholarship Program, 2018-19 Application Form

Required fields are indicated by an asterisk (*).

Eligibility*: Students and groups must meet at least one of these criteria to be eligible. Please check all that apply.

1. ___* I am a LGBTQ or allied student.
2. ___* We are a middle school or high school GSA in Iowa.
3. ___* We are a LGBTQ college group in Iowa.

4. ***Name of individual filling out application:**
 - a. First name*-- Middle name(s) -- Last name*:

5. Are you/the group requesting a full or partial scholarship?

Full

Partial

6. Amount requested: \$_____

7. Number of attendees:

a. Adults: _____

b. Student: _____

8. Which event is the requested amount for? (Circle One)
 - a. The GSA Conference (Transportation)
 - b. Pride Camp Registration
 - c. Queer College Coalition Conference
 - d. Governor's Conference on LGBTQ Youth Registration

9. ***Have you or the group applying ever received a scholarship from Iowa Safe Schools?**

___ Yes (Year: _____) or ___ No.

If Yes, what were the funds used for?

8. *Home Address:

*Address 1: _____

Address 2: _____

*City: _____ *State: _____ *ZIP: _____

9. *Primary telephone: (_____) _____

10. E-mail: _____

11. *What school do you currently attend?

*Name: _____

Address 1: _____

Address 2: _____

*City: _____ *State: _____ *ZIP: _____

Name of President/Leader of GSA or college group:

Email of President/Leader of GSA or college group:

Name of Advisor/Faculty of GSA or college group:

Email of Advisor/Faculty of GSA or college group:

12. *The Essay:

What does the scholarship committee need to know about you or your LGBTQ group in two paragraphs? The committee members will be



especially interested in what efforts your/the group has made to fundraise for the event or project you are requesting funds for, and how you/the group plan on fundraising the rest of the year for future events and projects?

Attach your essay to this form. The essay is limited to no more than one printed page

Recommendation: Carefully proof your essay and know that well-done, short essays are admired.

13. *Certification Statement:

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____