PFLAG Greensboro Carter Stroupe Memorial Scholarship

2023 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 awarded in amounts of up to \$2,000.
- 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 technical/vocational program pursuing certification
 OR be applying to attend, or currently attending, a college or university pursuing an undergraduate college degree;
- Be a self-identified lesbian, gay, bisexual, transgender, or straight ally.
- Have demonstrated service or a desire to serve the LGBTQ+ community.

Requirements

- Your application and required materials must be postmarked by April 15, 2023
- 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

All materials should be sent to:

PFLAG Greensboro Attention: Scholarship Committee PO Box 4153

Greensboro, NC 27404

Email: Mac.stroupe72@gmail.com

*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

PFLAG Greensboro Carter Stroupe Memorial Scholarship

Application

Personal Data				
Name:				
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.)				
Date of Birth:				
□ YES□ NO Are you a U.S. Citizen				
How do you identify yourself: Lesbian Gay Bisexual Transgender Straight Ally. Non-binary Other: YES NO N/A If you are LGBTQ+, are you "out and open" in the community?				
□ YES □ NO N/A If you are LGBTQ+, are your parent(s)/guardian(s) <u>aware</u> of your LGBTQ+ Status?				
□ YES □ NO N/A If you are LGBTQ+, are your parent(s)/guardian(s) <u>supportive</u> of your LGBTQ+ status?				
If you are a graduating high school senior please complete the following.				
Expected Graduation Date:				
Name of High School:				
City / State:				
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				

What is your admission	ı status?
Planning on applying	
Applied and waiting for	Accepted for admission response
Other Already Attending	
Current Academic Stan	nding
Graduating HS Senior	or Equivalent
College/University Fre	shman Sophomore Junior Senior
Other	
Major(s) intended majo	r(s) or area of studies:
Please list any awards,	honors or recognitions you have received from your school or community.
Please list involvement	ts or leadership roles you have had with clubs or extracurricular activities:

Essay (Your essay should be between 500 and 1,000 words, preferably typed, and should integrate answers to the following.)

How has being an LGBTQ+ Student or an LGBTQ+ 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 LGBTQ+ community?



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 free will.	(day) of	(month),	(year), I make the following statements of my own
Signature	:		
Print Nam	ne:		
(Please in	idicate as appropriat	te and sign by each).	
□ I Grant	□ Do Not Grant (sig	gn here:)
to PFLAG	Greensboro permis	sion to approach my	school regarding recognition of my scholarship award.
□ I Grant	□ Do Not Grant (sig	gn here:)
	Greensboro permis ews media.	sion to publish an an	nouncement of my scholarship award and in the local
□ I Grant	□ Do Not Grant (sig	gn here:)
	Greensboro permis ward.	sion to use my photo	graph in their publicity releases about my scholarship
□ I Grant	□ Do Not Grant (sig	gn here:)
		ssion to use my schola promotion of the schol	arship essay in an anthology of stories to be compiled arship program.
□ I Grant	□ Do Not Grant (sig	gn here:)
			cture and bio in their newsletter or on their website.
Comment	s		
* <u>If you are</u>	e under 18 years of a	age your parent/guard	dian must sign approving your above responses.
Parent/Gu	uardian Signature:		
Print Nam	ne:		Date:
Relations	hip:		