



EDUCATION SCHOLARSHIP

The underlying mission of **embrace** Western New York is “**through education, all things are possible.**” The **embrace** Western New York “**Education Scholarship**” has been created to provide meaningful support to our community of Western New York who choose to attend post-secondary education within the Western New York area. These recognized scholarship recipients will have previously demonstrated their commitment to promoting a positive understanding and acceptance of the LGBT community into the larger society.

Applicant(s) will be eligible for a minimum of a **\$1,500 scholarship**. Scholarships will be made available to the recipients after verification of acceptance and enrollment in a recognized post-secondary institution.

6/2014

QUALIFICATIONS :

1. Applicant must be: a graduate from an accredited high school in Western New York (WNY); or have received their GED; and/or currently enrolled in one of the WNY colleges/universities or any post-secondary institution **such as a trade school**.
2. Western New York is defined as the eight (8) western most counties in New York State.
3. Applicant must be/have been actively involved in an LGBT/Allies type organization during secondary education or college/university (high school/campus GSA, church, community organization, etc.).

PROCESS :

Interested applicants will **complete and return** the **embrace** Western New York **Education Scholarship**” application. There is **NO deadline** for your application. Completed applications will be reviewed four (4) times a year.

Applicants will **return completed application** with **two (2) letters of recommendation** (non-family members). Letters of recommendation must contain contact information for the person writing the recommendation. One of the letters should be from the “advisor” of the LGBT/Allies organization where the applicant is/was an active member. An application will not be considered without letters of recommendation.

A copy of the **most recent** high school, post-secondary school, or college **transcript** must accompany your application. If necessary, the applicant may need to participate in an interview (either in person or by phone).

The selection committee will be comprised of members of the Board of **embrace** Western New York and other members from the Western New York area, as needed. Please contact **embrace** Western New York for additional information.

embraceWNY.org / P.O. Box 454, Buffalo NY 14205

MISSION... through education all things are possible.

GOALS... To educate and support individuals and local organizations working towards equality for all New York State residents, especially in the LGBT community; developing the leadership potential of young adults from under-represented areas; assisting organizations in promoting a positive and affirming position; and strengthening local groups and organizations that are working towards full acceptance of the LGBT community. These are the foundations of “embraceWNY.”

embrace Western New York Education Scholarship application

Name: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Names/titles of the individuals writing letters of recommendation:

1. Name: _____ Title: _____ Phone: _____

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Respond on separate page(s) to the questions below:

Question 1: Please describe your involvement in an LGBT/Allies/Diversity organization while in high school/college-university. Be sure to discuss specific activities, events, etc... that you were/are involved in.

Question 2: What impact has your active participation had on your community?

Question 3: How has your active involvement changed you, your friends, or your family?

Question 4: How will you continue your involvement in LGBT/Allies/Diversity organization(s) while enrolled in an educational program at a Western New York institution?

Question 5: After reading the mission and goals of **embrace**WNY, what would you suggest this organization do to increase the understanding and acceptance of the LGBT community into the larger society?

Please feel free to share any other relevant information that you think the selection committee may need to make a decision.

**If you have any questions, please feel free to contact Jeffrey Platt, president of
embraceWNY (jeff.platt@embraceWNY.org)**

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embrace Western New York Education Scholarship

personal recommendation

Name: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Relationship to the applicant: _____

Respond on separate page(s) to the questions below:

- Question 1:** Please provide the selection committee with your thoughts regarding the active participation of the applicant in an LGBT/Allies/Diversity organization
- Question 2:** How do you see the applicant in regards to continuing to work towards a more accepting and embracing Western New York?
- Question 3:** After reviewing the mission and goals of **embrace**WNY, how do you think the applicant will be able to help us in achieving those goals?

Please feel free to provide any further information that you think the selection committee would find helpful in making a decision.

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