

Roaring Fork Gay & Lesbian Community Fund



Scholarship Application

**Mission Statement:** The AspenOUT Educational Scholarship was new in 2016, and was created to help LGBTQ youth from the Roaring Fork Valley, continue their educational endeavors after high school. It is a direct result of the success of our annual fundraiser, Aspen Gay Ski Week.

**Qualifications:** Applicants must be eligible for graduation from a recognized school in the Roaring Fork Valley, plan to attend an accredited institution of higher education, and identify as LGBT+, or be a strong ally with evidence of such.

**Application Procedures:** All applications and supporting documents must be received by our organization no later than April 15<sup>th</sup>, 2018. Incomplete applications will not be considered.

Preferred method of submittal is a scanned copy of the completed application and supporting documents in a single PDF file, sent electronically to our e-mail address. If this is not possible, then a completed application and supporting documents can be mailed directly to us.

E-mail application to: [info@aspenout.org](mailto:info@aspenout.org)

Mailing Address: AspenOUT  
Attn: Scholarship Committee  
PO BOX 3143  
Aspen, CO 81612

**A completed application consists of the following:**

- This application form filled out entirely and signed.
- Personal Essay. In 500 words or less, describe personal adversity you have had or currently have in your life. Or, you may write about your future goals and explain how this scholarship will impact your education and those goals.
- Three letters of recommendation. One from someone that helped you at school (counselor/teacher/administrator/support staff), one from a community member other than family, and one from a peer.
- A copy of your official high school transcripts (This scholarship is not based on academics, but we would like to see attendance and completion.)
- A copy of the acceptance letter or enrollment documents from the institution you plan to attend.

**If Selected:** Scholarship awards will range from \$500 to \$5,000 and are potentially renewable. Recipients must provide yearly progress reports/transcripts upon request and keep our organization informed of your current contact information. We will not share any of your application information with any person or agency without your prior written or electronic consent. With your permission, AspenOUT would like to publicly announce past and present scholarship recipients to promote our organization and it's goal of helping local LGBTQ youth, but this is not a requirement for consideration.

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Scholarship Application

Name:

Address:

Address Line 2:

City:  State:  Zip Code:

E-mail:  Alt. E-mail:

Phone:  Alt. Phone:

What is your preferred method of contact?

Date of Birth (MM/DD/YY):  Gender:

Sexual Orientation:

\*All applications will be considered, and this information is for demographic purposes only.

Name of the school that you are currently attending?

Date of Graduation:  Number of Years Attended:

Contact Person/Admission Counselor:

Phone Number:  Extension:

Educational Institution You Plan to Attend

Name:

Address:

Address Line 2:

City:  State:  Zip Code:

Area of Study:   Full Time  Part Time

Annual Tuition and Fees:

Additional School-Related Expenses:

Type	Cost
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Expected Sources of School Funding for the Upcoming Academic Year, Including Work, Grants, Additional Scholarships, Student Loans, and Family Contributions):

Source	Amount

If awarded this scholarship from AspenOUT (Roaring Fork Gay & Lesbian Community Fund), do you authorize your name to be released to the community in the form of press releases and reports of scholarship grantees? This answer will in no way affect the status of your application. If "Yes", your printed name, date, and signature are required below.

Yes       No, I'd rather not.

Printed Name:  Date:

Signature:

Student Certification Statement (This portion must be signed).

I certify that the information contained in this application is true to the best of my knowledge.

Printed Name:  Date:

Signature:

AspenOUT would like to thank you for your application and we will respond to all applicants regarding our decisions as soon as possible.

Again, please e-mail your entire application packet as a single PDF file if at all possible, by April 15<sup>th</sup>, 2018, to [info@aspenout.org](mailto:info@aspenout.org) . Otherwise, mail your application and supporting documents to AspenOUT, Attn: Scholarship Committee, PO BOX 3143, Aspen, CO 81612.