

## MICHELLE NIXON MEMORIAL SCHOLARSHIP APPLICATION

A \$1,000 scholarship will be awarded, annually, in honor of Michelle Nixon. Michelle was a dedicated ally to the LGBTQ community that passed away on January 29, 2021 after a long, courageous battle with ovarian cancer. This scholarship is in honor of her devotion of helping others in the community.

The Michelle Nixon Memorial Scholarship will be awarded each fall during the Quad Cities Pride festival. This scholarship is available to LGBTQ students and their student allies. Students must be high school seniors accepted for the next academic year or currently enrolled in college, university, trade, or vocational institution. High School freshman, sophomores or juniors are not eligible. Applicants must have a minimum 2.5 GPA. The scholarship will be paid directly to the students' academic institution that they will be attending.

Applications must be postmarked by August 19, 2022 and mailed to: Michelle Nixon Memorial Scholarship | Attn: Kevin Gibbs | 402 East 12<sup>th</sup> Avenue, Coal Valley, IL 61240

*Please print legibly*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ACADEMIC HISTORY

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School GPA: \_\_\_\_\_ ACT or SAT Composite: \_\_\_\_\_

Academic Institution Name: \_\_\_\_\_

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### ESSAY QUESTIONS

Please respond to both essay questions below. They must be typed, 12 pt. Times New Roman and between 500 and 750 words. Use footnotes or quotations where applicable.

1. Reflect upon what made the issue of homophobia and/or equality issues important to you.
2. What significant things have you done and/or accomplished to provide better understanding and acceptance of LGBTQ issues in your school or community?

### REQUIRED ATTACHMENTS

- List of extracurricular activities and community involvement. Include organization names and dates
- List work experience
- Transcript of classes and grades. *Photocopy of original is acceptable.*
- Two letters of recommendation
- Application certification
- Acceptance Letter from Academic Institution

### APPLICATION CERTIFICATION

Counselor or Advisor Certification:

I have reviewed this application and affirm that all school-related information is correct.

*Please print*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please check preference for contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_