LGBT HEART Scholarship Fund for the Graduate Health Professions

PROGRAM ANNOUNCEMENT/INSTRUCTIONS

OVERVIEW

The Lesbian, Gay, Bisexual and Transgender Health, Education and Research Trust, Inc. (LGBT HEART) awards scholarships to lesbian, gay, bisexual and transgender (LGBT) identified students in the health sciences in the United States. Each scholarship provides supplemental funding for graduate level students who have a demonstrated ability in and commitment to affecting change in the LGBT communities through their commitment to working and being educated in the health professions.

By providing scholarships to LGBT students, LGBT HEART recognizes these students' past achievements and provides much needed support for their future pursuits. Through these awards, we forge links between professional and emerging leaders. In doing so, LGBT HEART helps to facilitate the growth and advancement of not only these individuals – but of our communities as well.

LGBT HEART awards these scholarships through its own fundraising efforts. Two or more students – committed to affecting change in the LGBT community through their education and work in the health professions – will be selected for the scholarships (at least $2,000 each), and shall be known as LGBT HEART Scholars. Last year, four 2008 awardees each received $2,000.

VISIBILITY

All awardees must be "out," as members of the LGBT community, as well as to their non-LGBT peers within the educational systems and professions for which they are seeking scholarship assistance. By applying for this scholarship, applicants consent to the use of their name and/or likeness in LGBT HEART publications and promotional materials.

GUIDELINES, TERMS, AND QUALIFICATIONS OF THE AWARDS

Academic scholarships are the primary component of this program announcement. This is a competitive application process. LGBT HEART will award scholarships to outstanding LGBT, graduate-level students enrolled in a degree-seeking program in the health sciences.

Consideration will include academic performance; honors; personal/financial hardship; and, especially, service to the LGBT community. All applications must strictly adhere to published application instructions and guidelines. **Incomplete and/or late applications will not be considered.**

LGBT Health, Education and Research Trust, Inc.

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LGBT HEART
www.lgbtheart.org
info@lgbtheart.org

EIN: 55-0866827

Ensuring the health of LGBT individuals and communities through the support of scholarship and research.

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- Scholarships are educational in nature and can be applied to tuition, books, fees, dissertations, or personal expenses.
- The scholarship funds are paid directly to the applicant. Consult your tax consultant to determine individual tax liability. If the applicant's school requires reporting of financial awards, please report awarded funds to the appropriate department.
- Awards are valid only for the next academic year. Awards are distributed in two disbursements – September and January. LGBT HEART reserves the right to verify enrollment and academic standing prior to second disbursement of funds.
- If the award recipient ceases to be a student for any reason or enters a period of academic probation within the allotted award period, LGBT HEART will have no obligation to honor future disbursements and the recipient forfeits all future disbursements.
- The LGBT HEART Scholarship Fund for the Graduate Health Professions award is a one-time funding opportunity, and those selected as HEART Scholars are ineligible to reapply to the organization.
- LGBT HEART Board of Directors and Officers, selection committee members, major donors, and the family members of these groups are ineligible.

To qualify for scholarships, all applicants must:

- Be enrolled in a degree seeking program in the health professions at an accredited college, university or school in the United States;
- Be "out" as a member of the LGBT community to their academic communities;
- Be eligible to receive financial aid;
- Have a favorable academic record and be in good academic standing;
- Demonstrate a commitment or contribution to the health of the LGBT community; and
- Follow LGBT HEART's published scholarship guidelines.

AWARD CRITERIA

Consideration for the award will include evaluation of the applicant's:

- Academic performance/honors;
- Personal/financial hardship;
- Leadership in community activities;
- Service as role model, mentor, colleague, or advisor for the LGBT community;
- Service to the LGBT community; and
- Commitment or contribution to the health of the LGBT community.

JUDGING

A Selection Committee made up of members of the LGBT HEART Board of Directors will review completed applications. The review of applications is strictly confidential. The final determination for scholarship awards is the responsibility of the LGBT HEART Board of Directors. The decision to award scholarships is final and binding in all respects. No justifications or critique will be provided to any third-party or to applicants regarding final awardees or evaluation of rejected applications. The Selection Committee may schedule telephone interviews with the finalists to discuss their applications. The LGBT HEART Board of Directors will notify all awardees by certified mail, no later than 1 September 2009.

APPLICATION

In order for applications to be considered complete, applicants must

1. **Submit one (1) copy of the following items:**

   - **A complete, signed application**
   - **Completed Financial Aid Statement** signed by an authorized financial aid representative from the applicant's college, university or school
   - **Personal Statement (2 pages, double spaced)**
   - Applicant's current **Curriculum Vitae** or **Resume** – Please include extracurricular activities and any organizations in which you are active

2. **Submit one (1) copy of the following items:**

   - **An up-to-date school transcript**. Only official transcripts will be accepted.
   - **Three letters of recommendation** from faculty, former employers, and community leaders (with their contact information), at least one of who is familiar with the applicant's work or interest involving LGBT issues. Letters of recommendation should be in a sealed envelope, with the signature of the person writing the letter across the seal.
   - Completed **Web/Print Publication Release** signed by the applicant and other necessary parties, if applicable.
   - Completed **Demographic Data form**. Response to this form is voluntary and used solely for program development.

Application materials must arrive together in one packet. Multiple mailings will not be accepted.

***** NOTE: APPLICATION MUST BE SINGLE-SIDED AND UNBOUND (NO STAPLES). YOU MAY USE A BINDER CLIP/PAPERCLIP IF YOU WISH TO SECURE ENTIRE PACKET)**

DEADLINE

Awards will be processed and announced yearly. Applications and all supporting documentation for the scholarships **must** be postmarked by 30 June 2009. Completed applications and supporting materials must arrive in one envelope. Applicants will be notified of their award status by 1 September 2009. **Materials sent by e-mail or fax will not be accepted.** Send completed applications to:

LGBT HEART
LGBT HEART Scholarship Fund for the Graduate Health Professions
14525 SW Millikan Way, Ste. 15935
Beaverton, OR 97005-2343

QUESTIONS

If you have questions or comments regarding this application or award process, please email the LGBT HEART Scholarship Fund for the Graduate Health Professions (scholarships@lgbtheart.org).

Lesbian, Gay, Bisexual and Transgender Health, Education and Research Trust, Inc.

LGBT HEART Scholarship Fund for the Graduate Health Professions
APPLICATION

DEADLINE: 30 JUNE 2009

Directions: Fill out the application completely. Be sure to place all appropriate forms/responses behind this cover. **Mail one (1) copy** of all materials in one (1) envelope to **LGBT HEART, HEART Scholarship Fund for the Graduate Health Professions, 14525 SW Millikan Way, Ste. 15935; Beaverton, OR 97005-2343**. ***All materials must be postmarked by the 30 June 2009 deadline (no hand-deliveries will be accepted).***

PLEASE TYPE OR PRINT CLEARLY

Full Name:		Social Security Number
Mailing Address (Street Address, Including Apartment Number):		Telephone: ( )
(City, State Zip Code)		
Email Address:		Fax Number: ( )
Permanent Mailing Address (Street Address, Including Apartment Number):		Permanent Telephone: ( )
(City, State Zip Code)		
To which address should we send your notification? ☐ Mailing ☐ Permanent	Are you a U. S. Citizen? ☐ Yes ☐ No	Are you eligible for Financial Aid? ☐ Yes ☐ No
Enrollment Status ☐ Full-Time ☐ At Least Half-Time		

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ACADEMIC INFORMATION

Name of College, University, or School:		
Address (Street Address):		
(City, State Zip Code)		
Telephone: ( )		Fax Number: ( )
Current year in school	Expected graduation date:	Current grade point average on a four-point scale
Anticipated Degree(s) at Graduation:		
School's Financial Aid Contact Person:		
Address of School's Financial Aid Office:		
(City, State Zip Code)		
Financial Aid Office's Telephone: ( )		Financial Aid Office's Fax Number: ( )

LETTERS OF REFERENCE

At least three letters of reference from faculty, former employers, or community leaders, at least one of whom is familiar with the applicant's work or interest involving LGBT issues, should accompany the application. Letters of recommendation should be in sealed envelopes, with the signature of the person writing the letter across the seal. Each letter should identify the writer's relationship with the applicant and support the applicant's commitment and contribution to the health of the LGBT community.

Reference 1:

Name:	
Title:	
Address (Street Address, City, State Zip Code):	
Relationship to Applicant:	
Telephone: ( )	Fax Number: ( )
Email Address:	

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Reference 2:

Name:	
Title:	
Address *(Street Address, City, State Zip Code):*	
Relationship to Applicant:	
Telephone: ( )	Fax Number: ( )
Email Address:	

Reference 3:

Name:	
Title:	
Address *(Street Address, City, State Zip Code):*	
Relationship to Applicant:	
Telephone: ( )	Fax Number: ( )
Email Address:	

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ACTIVISM/ADVOCACY

IN THE SPACE PROVIDED BELOW, please describe your current and past involvement in activism and advocacy of LGBT health issues. (NOTE: If you substitute this page in your application packet, limit your response to one page, double spaced, and a minimum 12 point font size.)

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PERSONAL ESSAY

In **no more than 2 pages**, double-spaced, 1" margins, 12 point font, please write an essay **addressing all of the following**:

1. what you see as the current state and future of LGBT health;
2. what you deem to be the most important "happening" in LGBT health right now; and
3. your perceptions of LGBT health and what you see as your current and future role.

ATTACH TO THIS APPLICATION:

1. **Submit one (1) copy of the following items:**

   - **A complete, signed application**
   - Completed **Financial Aid Statement** signed by an authorized financial aid representative from the applicant's college, university, or school
   - **Personal Statement**
   - Applicant's current **Curriculum Vitae** or **Resume**

2. **Submit one (1) copy of the following items:**

   - **An up-to-date school transcript**. Only official transcripts will be accepted. Applicants entering their first year of graduate school should provide their undergraduate transcripts.
   - **Three letters of recommendation** from faculty, former employers, or community leaders (with their contact information), **at least one of whom is a former employer or community leader** and familiar with the applicant's work or interest involving LGBT causes. Letters of recommendation should be in a sealed envelope, with the signature of the person writing the letter across the seal.
   - Completed **Web/Print Publication Release** signed by the applicant and other necessary parties, if applicable**.**
   - Completed **Demographic Data** form**.** Response to this form is voluntary and used solely for program development.

***** NOTE: APPLICATION MUST BE SINGLE-SIDED AND UNBOUND (NO STAPLES). YOU MAY USE A BINDER CLIP/PAPERCLIP IF YOU WISH TO SECURE ENTIRE PACKET)**

CERTIFICATION

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of information will result in disqualification from the scholarship program. This application becomes the sole property of LGBT HEART.

I have fully reviewed and agree to comply with the terms and qualifications outlined in the Scholarship Application.

Applicant's signature: _____ **Date:** _____

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Lesbian, Gay, Bisexual and Transgender Health, Education and Research Trust, Inc.

HEART SCHOLARS

FINANCIAL AID STATEMENT

PLEASE TYPE ALL INFORMATION

1.Student's Full Name_____

2.Social Security #_____

3.BUDGET: (current academic year):

Tuition and Fees	$
Books and Equipment	$
Living Expenses	$

4. Student's EFC from FAFSA $_____

5. Please attach a copy of your current year Financial Aid Award Letter.

6. Student's current total educational indebtedness (include all debt, all years)

$_____

_____ _____

Signature of Financial Aid Official Date

_____

(Printed Name)

_____

(Title)

_____

(Address)

_____

_____

(Telephone, including area code)

PLEASE RETURN COMPLETED STATEMENT TO THE APPLICANT.

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HEART SCHOLARS

RECOMMENDATION FORM

PLEASE TYPE/PRINT ALL INFORMATION

Applicant's Full Name _____

TO THE APPLICANT

Request the person completing this form to return it to you in an envelope sealed and signed by that person across the back flap. Recommendations must be mailed in a single envelope with your application materials.

Please choose one of the following:

☐ I waive my right to examine the following recommendation.
☐ I do not waive my right to examine the following recommendation.

_____ _____
Signature of Applicant Date

TO THE PERSON ACTING AS REFERENCE

The applicant named above has asked you to serve as a reference for admission to the HEART Scholars Program. The HEART Scholars Program awards scholarships to lesbian, gay, bisexual, and transgender (LGBT) identified students in the health sciences in the United States. Each scholarship provides supplemental funding for graduate level students who have a demonstrated ability in and commitment to affecting change in the LGBT communities through their commitment to working and being educated in the health professions.

- Competent evaluation is important both to the candidate and to the Lesbian, Gay, Bisexual, and Transgender Health, Education and Research Trust, Inc. Candor in your comments is essential for fairness to both parties.

PLEASE RETURN COMPLETED STATEMENT TO THE APPLICANT IN A SEALED ENVELOPE, WITH THE REFERENCE'S SIGNATURE ACROSS THE SEAL.

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CRITERIA

Consideration for the award will include evaluation of the applicant's:

- Academic performance/honors;
- Personal and financial hardship;
- Leadership in community activities;
- Service as role model, mentor, colleague, or advisor for the LGBT community; and
- Commitment or contribution to the health of the LGBT community.

In a separate letter, please assess the applicant's overall dimensions as outlined above.

How long have you known this applicant? _____

In what capacity? _____

OVERALL ASSESSMENT (select only one of the following):

	This is a truly exceptional applicant.
	I recommend without qualification that the applicant become a HEART Scholar.
	I recommend that the applicant become a HEART Scholar.
	I recommend with some reservation that the applicant become a HEART Scholar.
	I do not recommend that the applicant become a HEART Scholar.

Signature:	
Name:	Date:
Title or Position:	
Address:	
City, State ZIP Code:	
Phone number:	
E-mail Address:	

PLEASE RETURN COMPLETED STATEMENT TO THE APPLICANT IN A SEALED ENVELOPE, WITH THE REFERENCE'S SIGNATURE ACROSS THE SEAL.

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HEART SCHOLARS

WEB / PRINT PUBLICATION RELEASE

I, _____, hereby assign and grant to the Lesbian, Gay, Bisexual and Transgender Health, Education and Research Trust, Inc., (LGBT HEART) the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of and submitted by me, and I hereby release LGBT HEART from any and all liability from such use and publication. I understand that if I am selected to receive an award, I will provide LGBT HEART with a high quality, digital photograph (professional attire required).

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of LGBT HEART and I specifically waive any right to any compensation I may have for any of the foregoing. I understand that failure to execute this release will result in my application being ineligible for award consideration. Additionally, if I fail to provide the aforementioned photograph within 30 days of award notification, my award offer will be rescinded.

Name:
Address:
City, State ZIP:
Phone number:

Signed: _____ Date: _____

Guardian: _____ Date: _____
(if subject younger than 18 years)

Witness: _____ Date: _____
(if subject younger than 18 years)

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HEART SCHOLARS

DEMOGRAPHIC INFORMATION

(*submit only one copy*)

Response to the following information is voluntary. A response or lack of response will not be used to approve or deny LGBT HEART scholarships. The information collected below is designed to provide the organization with demographic data on all applicants and to improve outreach.

Demographic data will not be utilized in the selection process.

Race / Ethnicity (Check All That Apply):			**Sexual Orientation / Identity:**	
	American Indian or Alaska Native			Lesbian
	Asian			Gay
	Black or African American			Bisexual
	Hispanic / Latino / Latina			Other:
	Native Hawaiian or Other Pacific Islander		**How "out" are you?**	
	Caucasian			Totally
	Other:			In Some Places

Gender Identity:			M to F Transgender
	Male		F to M Transgender
	Female		Other:

How did you hear about the LGBT HEART Scholars scholarship?

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