

# **PFLAG Buffalo/Niagara**

**Parents, Families, Friends, and Allies United with LGBTQ+ People**



## **The Elizabeth 'Babs' Conant Scholarship**

## **The Marvin L. Henschbarger Scholarship**

## **The Mary L. Hewitt Scholarship**

A PFLAG Buffalo/Niagara Scholarship Application may be downloaded at [www.pflagbuffalo.org](http://www.pflagbuffalo.org). For questions relating to the scholarship or the process, please leave a message at 716-883-0384.

***Mail completed application mail to PFLAG Buffalo/Niagara P.O. Box 617 Buffalo NY 14207.***

## **PURPOSE**

- To recognize gay, lesbian, bisexual, transgender, and straight ally students Western New York
- To encourage continuing education, activism, and support for self-identified LGBTQ students
- To foster a positive image of LGBTQ+ young people in society

## **ELIGIBILITY**

- Must be a graduating senior from a WNY area high school
- Must be a self-identified LGBTQ+ student or straight ally
- Must be accepted to an accredited post-secondary educational institution
- Must submit a paper copy of the application (completed PFLAG Buffalo/Niagara Personal Information Form, reference letter, and essay)
- Application submission must be received at the P.O. address before May 1<sup>st</sup>.

### **• TERMS**

- Scholarship funds will be paid directly to institution
- The award must be used within one year of its receipt
- All information submitted to PFLAG Buffalo/Niagara will be strictly confidential and not shared outside of the Scholarship Committee unless permission has been given

## **DEADLINE**

- A completed paper submission must be received before May 1<sup>st</sup>.
- The Scholarship Committee will make selections by June 14<sup>th</sup>. The students selected will be notified before or on graduation
- Three scholarships of \$500.00 will be awarded. Decisions made are final.

## **CRITERIA FOR JUDGING ALL PARTS OF SUBMISSION**

- Affirmation of one's LGBTQ+ identity or of straight ally support
- Demonstration of integrity and honesty
- Participation in events supporting the LGBTQ+ community and people
- Commitment to LGBTQ+ support moving forward after high school
- Determination to achieve personal and academic goals

# Personal Information Form

1. Please print or type clearly.
2. All items must be completed fully unless otherwise indicated.
3. Add additional sheets if needed to complete this form.

First and Last Name

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Street Address

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City and Zip Code

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Phone number (optional)

Email Address

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Educational Institution Attending in September

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Career Goals

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Extra-Curricular Activities

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Honors/Awards

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**SUPPORTING MATERIALS**

**(REQUIRED)**

- 1. Written recommendation(s) from a faculty member from school most recently attended. This must include faculty member's name and contact information.**

**And**

- 2. Essay sharing past and current support of LGBTQ+ persons and/or community as well as explaining your plan to support the LGBTQ+ community in the future as you continue PFLAG's mission of support, education, and advocacy.**

*If you are selected as a scholarship recipient, may we have your permission to use your first name and/or school PFLAG Buffalo/Niagara's newsletter. If you choose not to have any information shared, this will not affect your application review in any way.*

May PFLAG Buffalo/Niagara use in in its newsletter:

First Name	Yes	No
High School	Yes	No

I certify that all of the above information and all information included is accurate.

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Printed Name

Signature

Date

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Printed Name

Parent or Guardian Signature

Date

If for some reason this parent signature is not possible or advised, please have guidance counselor attach a note.