

**Hartford Gay and Lesbian Health Collective, Inc.**  
Scholarship **Guidelines** for the **2009/2010** Academic Year

The Hartford Gay and Lesbian Health Collective, Inc., (HGLHC) will **one \$1,000.00 non-renewable scholarship** for the 2009/2010 academic year to students enrolled in an **accredited two or four year college or university**.

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**Eligibility Requirements:** Applicants must meet **all** of the following eligibility requirements:

- Be a resident of Connecticut
- Be accepted for studies at an accredited two year or four year college or university for the 2009/2010 academic year for the purpose of completing an associate or bachelor degree program
- Identify as lesbian, gay, bisexual, or transgender (LGBT), or be from an LGBT household/family
- Submit all of the required application materials (listed below) by the stated deadline (**requests for extensions will not be accepted**)

**Note:** The HGLHC staff, Board of Directors, volunteers and their immediate families are not eligible to participate.

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**Required Application Materials:** The following materials must be received at the HGLHC or postmarked **no later than May 1, 2009** (requests for extensions will not be accepted).

- Completed and signed **Scholarship Application**
- **Two** letters of reference from **non-family members**; preferably teachers, counselors, persons aware of your involvement with the LGBT community and/or employers. Each reference letter **must** include how the writer knows you, for how long and how you have had a positive impact on your peers. **There are no other guidelines involved with regard to your letters of reference**
- **An essay** consisting of **500 words or less** on one side of one piece of **8½ X 11** paper, typed and single spaced, with a font size of 12, (hand written essays will not be accepted) describing your involvement with the **LGBT community, your career aspirations and how you hope to help the LGBT community upon graduation**

*Note: Please pay close attention to these application guidelines and **do not** submit material that has not been requested; any such material will not be considered as part of your application and will be discarded.*

**Please direct all questions regarding your application to: Jamie Bassell, (860) 278-4163 ext. 17, or to [jamieb@hglhc.org](mailto:jamieb@hglhc.org)**

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**Completed applications must be mailed to:**

HGLHC  
PO Box 2094  
Hartford, CT 06145-2094  
Attn: Scholarship Committee

**Deadline:** All materials must be received at HGLHC or postmarked no later than **May 1, 2009**.

**Notification:** All applicants will be notified in writing by **May 29, 2009**. Scholarship recipients will be expected to attend a public awards program to receive their scholarships.

**Hartford Gay and Lesbian Health Collective, Inc.**  
Scholarship **Application** for the **2009/2010** Academic Year

Please type or neatly print all items below. If an item is not applicable, please indicate NA.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work/Other Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**RESIDENCY:** Are you a resident of Connecticut? \_\_\_\_ Yes \_\_\_\_ No If yes, how long? \_\_\_\_\_

**IDENTIFICATION:** Do you identify as lesbian, gay, bisexual or transgender or come from an LGBT family/household? \_\_\_\_ Yes \_\_\_\_ No

**HIGH SCHOOL BACKGROUND:**

Are you a high school graduate? \_\_\_\_ Yes \_\_\_\_ No

If yes, high school and location \_\_\_\_\_ Date Graduated \_\_\_\_\_

Major/Academic Emphasis \_\_\_\_\_ Grade Point Average \_\_\_\_\_

If no, will you have your high school degree or GED by the fall semester of 2009? \_\_\_\_ Yes \_\_\_\_ No

Date degree expected \_\_\_\_\_ High school and location \_\_\_\_\_

Major/Academic Emphasis \_\_\_\_\_ Grade Point Average \_\_\_\_\_

**COLLEGE PLANS:** Have you been admitted to an accredited college or university (two year or four year) for the fall semester of 2009 to work on an associate or bachelor's degree program? \_\_\_\_ Yes \_\_\_\_ No

If yes, school, location and anticipated major \_\_\_\_\_

If no, please explain \_\_\_\_\_

Have you previously attended college? \_\_\_\_ Yes \_\_\_\_ No

If yes, school and location \_\_\_\_\_

Dates attended \_\_\_\_\_ Credit hours earned \_\_\_\_\_ GPA \_\_\_\_\_

How did you find out about the HGLHC scholarship program? \_\_\_\_\_

**Send this completed application form, two references and your essay in one envelope to:**

HGLHC  
PO Box 2094  
Hartford, CT 06145-2094  
Attention: Scholarship Committee

To be considered eligible for a scholarship all materials must be received at HGLHC or postmarked no later than **May 1, 2009**. ***Send all materials at one time, in one envelope.*** Please see Scholarship Guidelines for details regarding the required letters of reference and essay.

Signature \_\_\_\_\_ Date \_\_\_\_\_