Rainbow Cafe LGBTQ Center Tim Rice Scholarship Application (\$1500 award)

Criteria:

- 1. Applicant openly identifies as LGBTQIA+.
- 2. Applicant has made contributions to the Southern Illinois LGBTQIA+ community in some way.
- 3. Applicant resides in the general Southern Illinois region. Counties that fall within the Southern Illinois region include Alexander, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, Wabash, Washington, Wayne, White, and Williamson.
- 4. Must be enrolled in an accredited United States college or university (community college, 2- or 4-year university, or graduate student) for the 2024-2025 school year (deferment may be requested for up to one year).
- 5. Applicant can be documented or undocumented.
- 6. Applicant is not Rainbow Cafe staff, a Board member, or related to a Rainbow Cafe staff or Board member.
- 7. Applicant demonstrates financial need.
- 8. Recipient must be available to receive the Tim Rice Scholarship money at the Rainbow Cafe Annual Gala, currently scheduled for Saturday, October 5th. (Recipient will receive three complimentary tickets, one for recipient plus two guests)

SCHOLARSHIP APPLICATION

Check One:

- □ First-time Applicant
- Renewal Applicant

Please TYPE or PRINT your answers clearly. Illegible applications will be returned to senders.

Legal Name:		
LAST	FIRST	M.I.
Chosen or Alternative Name: _		
Pronouns: 🗆 He/Him/His	□ They/Them/Theirs	□ She/Her/Hers
Ze/Zir/Zirs		

Home Address:				
	STREET ADDRESS			
-	CITY	STATE		ZIP
Telephone: ()	_ Date	e of Birth: /_	/
Email Address:				
Gender:		_		
Do you identify a □ Yes □ I	as transgender or no No	onbinary?	Do you identi 🗆 Yes	ify as LGBTQIA+? □ No
Eligible diverse d	community (select all	l that apply):		
🗆 Black		🗆 Asian		
🗆 Hispanic/Lati	ne	🗆 Indigeno	ous	
🗆 Faith-based (i	e. Muslim, Pagan)	🗆 Jewish		
□ People with D	Disabilities	🗆 Another	underrepreser	nted community:
Are you a United	Statos citizon?			

Are you a United States citizen?

 \Box Yes \Box No

Please list ALL high schools, colleges, and universities you have graduated from:

NAME	CITY, STATE

Current GPA: _____ What is your major/degree? _____

Attach proof of GPA. Your most recent unofficial or official transcript is required.

What college or university are you enrolling in?

Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.

List other financial assistance you will receive per semester:

- a. Personal: \$_____ ex. family, parents, legal guardians
- b. Other Scholarship(s): \$_____
- c. Student Loan(s): \$_____
- d. Other Financial Resources: \$_____

Have you filed a Free Application for Federal Student Aid/FAFSA for your intended school year?

 \Box Yes \Box No

List your academic honors, awards, and membership activities:

List your community service, hobbies, outside interests, and extracurricular activities:

PERSONAL ESSAY

Please answer the following question. 600 words maximum.

Currently, what do you believe to be the greatest challenge or issue facing the LGBTQIA+ community and why? How would you address this challenge?

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote this scholarship program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at an accredited post-secondary institution, an official/unofficial transcript, and a copy of my SAR FAFSA.

Signature:	Data	/	/
Jighature.	Date: 1	! I	

SCHOLARSHIP APPLICATION DEADLINE August 15th, 2024

Mail application to:	Rainbow Cafe LGBTQ Center
	118 N Illinois Avenue
	Carbondale, IL 62901

OR

Email completed applications to info@rainbowcafe.org

Questions: <u>info@rainbowcafe.org</u>

Applicants will be notified of scholarship award or denial by early September 2024 via email.