



ALSOYouth

ADVOCACY · LEADERSHIP · SUPPORT · OUTREACH

ALSO Youth Scholarship Program

ALSO Youth, Inc., offers multiple scholarships to provide financial support and encouragement to LGBTQ+ youth and allies who are seeking to attend a college, university or trade school recognized as accredited by the U.S. Department of Education or a similar accreditation body. This is a merit/needs based scholarship program (open to all applicants regardless of immigration status). There are five (5) different scholarships available, described below. Please review the specific criteria carefully and indicate the scholarship(s) of interest. An applicant may be eligible for more than one award, and awards will be determined by the ALSO Youth Scholarship Committee.

Scholarships available:

- ALSO Youth Betsy Nelson Scholarship (For ANY major, multiple minimum awards of \$500)
- ALSO Youth Greg Jung Scholarship (For Education major only, multiple \$1000 awards)
- Project Pride SRQ STEM Scholarship (For STEM major only, one \$2500 award)
- Project Pride SRQ Education Scholarship (For Education major only, one \$2500 award)
- Project Pride SRQ General Scholarship (For ANY major, one \$1000 award)

MINIMUM ELIGIBILITY

Scholarship applicants must meet the following criteria:

1. LGBTQ+ youth and allies under the age of 24 as of **August 1st** of the year of application.
2. A resident of Sarasota or Manatee County.
3. Enrolled at an accredited non-profit academic or vocational institution in the summer or fall of the year of application.
4. Not a relative of ALSO Youth or Project Pride SRQ Board member or staff.
5. Previously received fewer than two (2) ALSO Youth scholarships

APPLICATION PROCEDURE

Scholarship applicants must submit the following to ALSO Youth by March 31, 2025.

- A completed application form. Incomplete applications will not be considered.
- A current, typed resume including jobs, school clubs and/or teams, volunteer experiences, awards (academic/leadership/sports).
- A brief personal statement of no more than one page, expressing why the individual is applying for the scholarship, which should list leadership positions or involvement in LGBTQ+ advocacy, their school GSA, Diversity Club, or ALSO Youth involvement, and the applicant's educational and career goals.
- Copy of FAFSA (Free Application for Federal Student Aid) Student Aid Report (SAR) or equivalent.
- Transcript(s) of grades for the applicant's most recently completed coursework. This may include high school transcripts, GED score report or any post-secondary transcripts.
- Two recommendation forms from non-related adults such as instructors, employers or mentors (excluding ALSO Youth and Project Pride SRQ Board members or staff).

SELECTION CRITERIA

The Scholarship Committee will consider the following when selecting scholarship recipients:

- Leadership/Involvement with ALSO Youth, LGBTQ+ advocacy, and/or school GSA or Diversity Club.
- Academic achievement.
- Financial need.

Finalists may be required to attend a personal interview with the selection committee.

SCHOLARSHIP AWARDS

- *Proof of enrollment or letter of acceptance will be required prior to release of checks.*
- *Scholarship funds are paid directly to the recipient's school and are designated for tuition, required fees, books and supplies only.*

ALSO Youth Scholarship Program Application

PERSONAL INFORMATION

Applicant's Legal Name (First, Middle, Last): _____
Preferred Name: _____
Permanent Street Address: _____
City, State, ZIP: County: _____
Telephone: _____
Email Address: _____
Which of these is the best way to reach you? _____
Date of Birth: _____
Place of Birth: _____
Sexual Orientation: _____ Undecided / Prefer not to answer
Gender identity: _____ Gender pronouns: _____
Number of Dependent Children: _____ Ages: _____

HIGH SCHOOL INFORMATION

High school(s) attended: _____ Location: _____
High school: _____ Location: _____
High school graduation date: _____ Current cumulative weighted GPA (if applicable): _____

COLLEGE/VOCATIONAL SCHOOL INFORMATION

College/School you plan to attend this summer/fall: _____ Location: _____
What is your intended major/program of study? _____
Check the class you will be in this summer/fall: Freshman Sophomore Junior Senior
College(s)/vocational school(s) currently attending/attended (if any): _____
Number of college level credit hours already earned (if applicable): _____

PERSONAL STATEMENT

Please attach a brief personal statement (of no more than one page), explaining why you are applying for a scholarship and describing your educational or career goals. Please be sure to type your name at the top of the page.

FINANCIAL DATA

Please include a copy of your FAFSA Student Aid Report or equivalent.

Explain any unusual household financial circumstances in your personal statement.

ALSO Youth Scholarship Program

ALSO Youth Scholarship Program Committee awards scholarships on the basis of a competitive process for high school seniors or college students under the age of 24 as of August 1, 2025 who have met the eligibility requirements stated.

Scholarships are awarded at the discretion of the ALSO Youth's Scholarship Committee and upon approval by the ALSO Youth Board of Directors. Scholarship funds are paid directly to the recipient's school and are designated for tuition, required fees, books and supplies only. The ALSO Youth Scholarship Program Committee reserves the right not to award scholarships if applicants are not considered qualified. Scholarships are awarded without regard to race, color, ethnicity, national origin, religion, sexuality, gender identity or immigration or citizenship status.

APPLICATION AND INFORMATION RELEASE STATEMENT

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application may disqualify me from receiving a scholarship. I understand, due to funding, not every eligible applicant will receive an award; however, no application materials will be returned.

I, (print applicant's legal name) _____ give permission for any college or school to release to the ALSO Youth Scholarship Program Committee any information necessary to process or maintain my scholarship.

Applicant's Signature (legal name): _____ Date: _____

APPLICATION CHECKLIST

The ALSO Youth Scholarship Program application includes all of the following materials. Check off each item when completed, and if possible, submit together in one envelope or email message.

APPLICATION DEADLINE IS MARCH 31, 2025.

- A completed application form.
- A current, typed resume.
- A brief typed personal statement (of no more than one page), expressing why the student is applying for the scholarship and the student's educational and career goals.
- A copy of the student's completed Free Application for Federal Student Aid (FAFSA) Student Aid Report or equivalent.
- Transcript(s) of grades for the student's most recently completed coursework (this may include high school transcripts, GED score report or postsecondary transcripts).
- Two recommendation forms from non-related adults such as instructors or other campus administrators, employers, mentors, etc.

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

SUBMIT ALL APPLICATION MATERIALS BY MARCH 31, 2025, either electronically, drop off or US Mail, Fed Ex, etc.

Mail or drop off:

ALSO Youth
Attn: Mel Gosselin
351 Sixth Avenue W
Bradenton, FL 34205

Electronic submission:
info@alsoyouth.org

RECOMMENDATION FORM #1

To be completed by APPLICANT:

Applicant's Name: _____

Permanent Street Address: _____

City, State, ZIP: _____

College/university you plan to attend this fall: _____

TO THE REFERENCE:

The student named above is applying for a scholarship through the ALSO Youth Scholarship Program. Your recommendation is needed as part of the application process. After completing the information below, please attach a letter of recommendation (of no more than one page) for the student, expressing why you think they should be considered for a scholarship. Please note that the criteria for scholarship selection includes the applicant's:

- Academic commitment, past results and/or potential
- Past and/or potential leadership skills
- Financial need.

YOUR COMMENTS ARE VERY IMPORTANT.

A recommendation may not be written by current ALSO Youth or Project Pride SRQ Board members or staff.

Please email this completed recommendation form and your letter of recommendation to info@alsoyouth.org as soon as possible.

The application deadline is March 31, 2025.

Check your relationship to the applicant: Instructor/Professor Employer/Supervisor Other

If other, please specify: _____

How long have you known the applicant? _____

Your Name: _____

Title: _____

Mailing Street Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Signature: _____

Date: _____



RECOMMENDATION FORM #2

To be completed by APPLICANT:

Applicant's Name: _____

Permanent Street Address: _____

City, State, ZIP: _____

College/university you plan to attend this fall: _____

TO THE REFERENCE:

The student named above is applying for a scholarship through the ALSO Youth Scholarship Program. Your recommendation is needed as part of the application process. After completing the information below, please attach a letter of recommendation for the student (of no more than one page), expressing why you think they should be considered for a scholarship. Please note that the criteria for scholarship selection includes the applicant's:

- Academic commitment, past results and/or potential
- Past and/or potential leadership skills
- Financial need.

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Signature: _____

Date: _____