

The Triangle Community Center Scholarship Fund

16 River Street, PO Box 4062
Norwalk, Connecticut 06850

2009/10 INFORMATION SHEET

PURPOSE:

The Triangle Community Center Scholarship Fund was established to provide scholarship awards to gay, lesbian, bisexual and transgender persons attending accredited technical, vocational, undergraduate or graduate programs in Connecticut. The Scholarship Committee (Committee) will determine award recipients. In reviewing the application, the Committee will consider academic accomplishments, leadership and community service.

APPLICATION PROCESS AND DEADLINE:

Applications must be **received** by the Committee, at the address listed below, no later than **Friday, May 15, 2009**. The Committee will review applications and awardees will be selected in mid June. Notification will be sent to all applicants about the status of their applications by the end of June.

AWARD:

The award for the 2009/10 school year will be in the amount of \$1,000. The award check will be given to enrolled recipients via their institution's Financial Aid Office, at the beginning of the term.

ELIGIBILITY:

The eligibility rules governing the competition for the Triangle Community Center Scholarship include the following:

1. Applicants are available to all gay, lesbian, bisexual, transgender and questioning students.
2. Applicants must be a U.S. citizen or permanent resident, or hold a valid student visa during the period in which the award is dispersed (school year 2009/10).
3. During the year in which the award is dispersed, recipient must be enrolled in an accredited vocational, undergraduate or graduate program **in Connecticut**, leading to a degree, certificate, license, or diploma in their field.
4. A recipient from an accredited vocational, undergraduate or graduate program must have earned a minimum cumulative average of a C+ in all prior college level coursework.
5. Recipients must meet all satisfactory academic progress requirements normally applied by the institution for its federal, state, and institutional financial aid programs.

INSTRUCTIONS AND REQUIREMENTS:

1. Official high school and/or college transcripts must be sent **by the institution** directly to the Triangle Community Center (address below). All materials must be **received** (not postmarked) by the Center by **May 15, 2009**. Please allow one week for mail delivery.
2. Applicants must meet all material submission requirements and deadlines that are included in the annual announcement of the competition. An applicant must provide the following documents in order to be considered for the award:
 - a. Completed and signed Application Form with general demographic information.
 - b. Written statement describing how the student meets the requirements of the scholarship program as described in the eligibility section above.
 - c. Any other documents subsequently requested by the Scholarship Committee.
3. Applicants may include additional information to support their application, including documentation of activities cited in their statements.

4. Applications must be **RECEIVED** (not mailed) by **Friday May 15, 2009**. No application received after this date will be considered. Please mail completed application and any supporting materials to:

**Triangle Community Center
Scholarship Fund
PO Box 4062
Norwalk, CT 06850**

Applications received electronically or downloaded from the website must be submitted on paper via "snail mail."

5. Applicants must inform the Scholarship Sub-Committee of changes of address or enrollment status. Failure to notify the Committee of any changes may affect Scholarship disbursement. Notification can be made to the address listed above.

*****For questions, please contact the Scholarship Committee at: TCCenter@aol.com**

Materials submitted become the property of TCC and will not be returned.

The Triangle Community Center Scholarship Fund

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Norwalk, Connecticut 06850

2009-10 APPLICATION FORM

Deadline: May 15, 2009

PERSONAL INFORMATION

Name _____
Last First MI

Address _____
Street

City State Zip

E-mail address _____

Home Telephone Number _____

Social Security Number _____
(Or school identification number)

ACADEMIC INFORMATION

A. High School Seniors Only - High school attended OR GED program

High School Name

City State ZIP

Graduation Date _____ Class Rank _____

Cumulative GPA (4.0 scale) _____ ACT / SAT Scores _____

Program you will attend upon high school graduation

School Name

City State ZIP

B. Vocational/Undergraduates/Graduate Students Only -

School Name

City State ZIP

Credits Earned to Date _____ Cumulative GPA (4.0 scale) _____

Current Class Standing _____
(Ex: first semester sophomore)

Anticipated Graduation Date _____ Declared Major _____

Other Schools You Have Attended

College/University _____ City, State Zip _____

College/University _____ City State ZIP _____

Cumulative GPA (4.0 scale) _____ Cumulative GPA (4.0 scale) _____

My major field of study during the upcoming academic year will be:

I expect to finish my current degree objective in the _____ of _____
Semester or Trimester Year

C. EDUCATIONAL AGENDA (TO BE ANSWERED BY ALL)

My major field of study during the upcoming academic year will be:

I expect to finish my current degree objective in the _____ of _____.
Semester or Trimester Year

D. EXPERIENCE

Please Answer on a separate Sheet of Paper. Your responses must be typed.

- A. List other jobs, extra-curricular activities, and/or volunteer work that you think contributes to your candidacy.
- B. List any school or community honors and awards you have received.

E. ESSAY

Please prepare an essay (typed, double-spaced, not to exceed three pages) discussing why you feel you should receive this scholarship. Describe how your accomplishments and your goals will enable you to make a substantial contribution to society. How do these goals contribute to the general GLBTQ population?

REFERENCES

Please provide the names of two references (not family members). These references may, at the discretion of the Scholarship Committee, be contacted to attest to your accomplishments or for further information about your application.

1. _____
Name Title

_____ Daytime Telephone Number
School/Company/Organization

2. _____
Name Title

_____ Daytime Telephone Number
School/Company/Organization

CERTIFICATION

Note: Personal information collected as a part of the application process for the Triangle Community Center Scholarship will become the property of the Scholarship Committee, will be kept confidential, and will only be used by the Scholarship Committee for purposes of evaluating applicants.

My signature below certifies that I have read and understand all the conditions and requirements of an applicant for the Triangle Community Center Scholarship as described on the INFORMATION SHEET, and that I meet all eligibility requirements:

Signature of Applicant

Date