



PAULA FORD-MARTIN  
MEMORIAL FUND

## 2021 SCHOLARSHIP GUIDELINES

Please carefully review the criteria for scholarship eligibility listed below. If you are unsure about your eligibility or have any questions about the application process, please contact us. We encourage all those with an interest in LGBTQ+ advocacy to apply, regardless of their academic record.

1. Applicant must be a resident of Middlesex or New Haven County, Connecticut.
2. Applicant must belong to at least one of the following groups: (1) in their final year at a Connecticut high school (public, private, or technical/vocational); (2) a high school graduate who has not yet begun an academic/professional curriculum; or (3) an enrolled student at an accredited university, college, technical/vocational program, or other academic/professional pursuit. Home-schooled students are also encouraged to apply.
3. Applicant must apply all awarded funds to their pursuit of an accredited university, college, technical/vocational program, or other academic/professional pursuit on a full or part-time basis (minimum 6 credit hours).
4. Applicant must (a) be between the ages of 17 and 23, and (b) identify as a member of the LGBTQ+ community and/or serve LGBTQ+ populations as an advocate/ally/volunteer.
5. A completed application must be submitted on or before **May 31, 2021**. Please send applications to the attention of Cas Ford Martin using the contact information at the bottom of this page. Each application must contain a complete set of the following documents:
  - a. A completed application form (attached to this document)
  - b. A resume, CV, or other documented history of employment/study
  - c. At least one letter of reference from an academic, professional, or personal contact. *This letter cannot come from an immediate family member or peer.*
  - d. A current academic transcript, if available.
  - e. *Optional:* any supplemental materials (e.g. writing samples, art pieces, music recordings)

Scholarships are awarded primarily on the basis of involvement with the LGBTQ+ community. Financial need, future plans, and academic/personal achievement are also considered. Applicants will be notified of the Paula Ford-Martin Memorial Fund's decision no later than **June 30, 2021**. Each scholarship recipient will receive a check made payable directly to them. Please feel free to contact us with any questions, comments, or application submissions. We look forward to hearing from you!

**Paula Ford-Martin Memorial Fund**

P.O. Box 20, Old Saybrook, CT 06475

info@paulafordmartin.org | paulafordmartin.org



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## 2021 SCHOLARSHIP APPLICATION

Name (preferred first & last): \_\_\_\_\_

Pronouns (she/her, he/him, they/them, . . . ): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of birth (month/day/year): \_\_\_\_\_

### **I. Secondary School Information**

Name of your high school/secondary school: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_

*Please attach an official copy of your high school transcript to this application. If you cannot provide a transcript or have any extenuating circumstances that you wish to share, please use the space below.*

### **II. College/University/Post-Secondary Information**

Name of your post-secondary institution: \_\_\_\_\_

Expected month/year of graduation: \_\_\_\_\_

Current GPA (if applicable): \_\_\_\_\_ Year in school (if applicable): \_\_\_\_\_

Major/degree program: \_\_\_\_\_

*Please attach an official copy of your transcript to this application. If you cannot provide a transcript or have any extenuating circumstances that you wish to share, please use the space below.*

### **III. Essays**

*In 500 words or fewer per question, please answer the following prompts on a separate sheet of paper:*

1. Describe your plans for the future. Where do you see yourself in the next five years?
2. Discuss your relationship with the LGBTQ+ community. Please describe any LGBTQ+-specific advocacy or volunteer work you've completed.



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**IV. Financial information**

How much will your annual tuition cost for your next academic year? \_\_\_\_\_

How much financial aid do you anticipate accepting next year? \_\_\_\_\_

Will you pay for your tuition independently, or will family assist you? \_\_\_\_\_

**V. Certification**

*Please read the terms below and provide your signature as required by the State of Connecticut:*

Under penalties of perjury, I declare that I have examined information contained in the application for this scholarship grant and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete, and I am in fact eligible for funding under this scholarship program. I am aware that the submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to forfeiture of any funding awarded under this program. I understand that should I have any questions regarding these guidelines, I may contact the Paula Ford-Martin Memorial Fund.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A complete set of the following documents must be submitted **on or before May 31, 2021:**

1. Completed application form
2. A resume, CV, or other documented history of employment/study
3. At least one letter of reference from an academic, professional, or personal contact
4. Relevant academic transcript(s), if available
5. *Optional:* any supplemental materials (e.g. writing samples, art pieces, music recordings)

Email submissions in .pdf or .doc(x) format to **info@paulafordmartin.org**.

Postmark physical submissions **before** May 31, 2021, to the following address:

Paula Ford-Martin Memorial Fund

P.O. Box 20

Old Saybrook, CT 06475

*Thank you for your interest in the Paula Ford-Martin Memorial Scholarship.*