



## GAY AND LESBIAN ARMENIAN SOCIETY

8721 Santa Monica Blvd.  
Box #654  
West Hollywood, CA 90069-4511  
(310) 203-1587  
www.galasla.org E-mail: galas@galasla.org

# GALAS

## Scholarship Guidelines

The GALAS scholarship is based on an annual review of budget availability and board approval.  
All guidelines, regulations and requirements are subject to change.

### GENERAL INFORMATION

- Students from all fields of study are encouraged to apply.
  - \$1000 renewable scholarship (must reapply to renew scholarship)
  - Applications accepted from: September 1<sup>st</sup> of each year
  - Application deadline: February 28<sup>th</sup> of each year
  - Applicant notification: April 1<sup>st</sup> of each year
  - Awards given out at the annual GALA (May of each year)
- Recipient is highly encouraged to attend GALA to receive award. One complementary ticket will be given to recipient.

### ELIGIBILITY INFORMATION

- For undergraduate and graduate studies  
(High School Seniors and College students who are accepted/enrolled in accredited colleges/universities)
- Armenian descent (1<sup>st</sup> /2<sup>nd</sup> /3<sup>rd</sup> generation Armenians)  
If parents or grandparents are Armenian, names will have to be provided.
- Active involvement in an organization that benefits the Gay Lesbian Bisexual Transgender (GLBT) community
- Must attend school in California
- GALAS scholarship award recipient selection committee members are not eligible.

## REQUIREMENTS:

- School acceptance letter/class registration
- Transcripts:
  - For high school seniors: grades 9- 11
  - For college/university: current transcripts
- Minimum GPA 3.0 (special circumstances taken into consideration)
- Letters of recommendation (at least 2)
  - (1) from an instructor/academic setting
  - (1) from the organization that benefits the GLBT community
  - (optional) From a non-relative
- Autobiography including statement of intent (500 word minimum)

All completed applications and supporting material must be received by **February 28**.  
All material must be sent to:

Gay and Lesbian Armenian Society  
8721 Santa Monica Blvd.  
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**The application packet must be complete to be considered by the review committee.**

Applicants will be notified of award by April 1 of the application year.



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## Scholarship Packet Checklist

(The following must be received by February 28)

- Completed application form
  
- College/university acceptance letter/class registration
  
- Transcripts
  
- Letters of recommendation
  - (1) from an instructor/academic setting –required
  - (1) from an organization that benefits the GLBT community – required
  - (1) from a non-relative – Optional
  
- Autobiography including statement of intent (500 word minimum)

# 1 - PERSONAL INFORMATION

<b>Last Name:</b>			
<b>First Name:</b>		<b>Middle Name:</b>	
<b>Social Security Number:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	
<b>Contact Telephone:</b>		<b>E-Mail:</b>	
<b>Home Address:</b>			
<b>City:</b>		<b>State/Country:</b>	
<b>Date of Birth:</b>		<b>Place of Birth:</b>	
<b>Citizenship:</b>			
<b>Sexual Orientation:</b>			
<b>If you identify as non-straight, do you consider yourself to be out to your family/relatives/friends? Please explain:</b>			

<b>List names of organizations benefiting the Armenian community of which you are (or were) a member.</b>			
<b>Name of Organization</b>	<b>telephone number</b>	<b>date: from/to</b>	<b>position/degree of involvement</b>
1.			
2.			
3.			
<b>List names of organizations benefiting the Gay Lesbian Bisexual Transgender (GLBT) community of which you are (or were) a member.</b>			
<b>Name of Organization</b>	<b>telephone number</b>	<b>date: from/to</b>	<b>position/degree of involvement</b>
1.			
2.			
3.			

## 2- FAMILY OF ORIGIN INFORMATION

<b>Father's Full Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State/Country:</b>	
<b>Paternal Grandfather's Full Name:</b>			
<b>Paternal Grandmother's Full Name:</b>			

<b>Mother's Full Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State/Country:</b>	
<b>Maternal Grandfather's Full Name:</b>			
<b>Mat. Grandmother's Full Name:</b>			

## 3 - EDUCATIONAL INFORMATION

### *High School*

If you have attended more than one high school, list all high schools/secondary schools attended starting from the most recent. Add additional sheets if necessary.

<b>High School Name:</b>			
<b>City:</b>		<b>State/Country:</b>	
<b>Dates Attended:</b>		<b>To:</b>	
<b>Graduation Date:</b>	<b>GPA:</b>		

<b>High School Name (2):</b>			
<b>City:</b>		<b>State/Country:</b>	
<b>Dates Attended:</b>		<b>To:</b>	
<b>Last Grade Attained:</b>	<b>GPA:</b>		

## University/College

List all universities and colleges attended starting from the most recent. Add additional sheets if necessary.

<b>University Name:</b>			
<b>City:</b>		<b>State/Country:</b>	
<b>Dates Attended:</b>		<b>Overall GPA:</b>	
<b>Field of Study/Major:</b>		<b>Expected Degree:</b>	
<b>Expected Date of Graduation:</b>			

<b>University Name (2):</b>			
<b>City:</b>		<b>State/Country:</b>	
<b>Dates Attended:</b>		<b>Overall GPA:</b>	
<b>Field of Study/Major:</b>		<b>Degree (if any):</b>	

<b>University Name (3):</b>			
<b>City:</b>		<b>State/Country:</b>	
<b>Dates Attended:</b>		<b>Overall GPA:</b>	
<b>Field of Study/Major:</b>		<b>Degree (if any):</b>	

## 4 – FINANCIAL INFORMATION

<b>Have you, at any time, applied for or received a GALAS scholarship?</b>	<input type="checkbox"/> Yes (received) <input type="checkbox"/> Yes (applied) <input type="checkbox"/> No
<b>Please state date and amount received, if any:</b>	

List other scholarships, fellowships, financial aids and loans for which you have applied:

<b>Name of Scholarship, fellowship, financial aid, etc...</b>	<b>Amount</b>
	\$ _____.
	\$ _____.
	\$ _____.
	\$ _____.



## 7 - RECOMMENDATIONS

Please attach a minimum of two (2) and up to three (3) letters of recommendation with this application.  
List the names and relationships of persons providing recommendation letters:

1. From the school you are currently attending: (required)

Name of person: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. From an organization benefiting the GLBT community of which you have been a member:  
(required)

Name of person: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. From a person other than a relative: (optional)

Name of person: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **8 - RELEASE AND SIGNATURE**

I, the undersigned, certify that all the statements contained in this application are true and correct and that evidence to the contrary may be deemed sufficient to deny or revoke any award.

I also understand that the Gay and Lesbian Armenian Society scholarship award is not automatically renewed for the duration of my education, but is subject to reevaluation by the Gay and Lesbian Armenian Society Scholarship Committee upon submission of future completed application packets.

I understand that all information included in this application will be considered confidential by Gay and Lesbian Armenian Society, and the material submitted with the application packet will not be returned to me.

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Signature

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Date