

White Rose Scholarship Foundation

Dear Applicant:

We are pleased you have chosen to apply for a White Rose Scholarship. White Rose is an outreach program of the Rocky Mountain Court System and the Imperial Court of The Rocky Mountain Empire; a gay, lesbian, transgender social service organization founded in 1973 in Denver, Colorado. Since inception, White Rose has awarded over \$285,000 in scholarships to a "rainbow" of people to assist in furthering their education. The White Rose Scholarship Foundation in no way discriminates against anyone on the basis of race, religion, creed, national origin, age, gender, or sexual orientation.

It is vitally important that the attached application is filled out honestly, to the best of your knowledge, and is submitted complete in order that both your financial needs and civic/community contributions can be evaluated fairly. We invite past scholarship recipients to reapply.

Scholarship eligibility requirements:

- **Citizenship:** Must be a United States citizen OR permanent resident of the United States AND a resident of the State of Colorado for the past year (365 days). (Permanent residents, attach a copy of your residency card).
- **Demonstrate financial need:** Please submit the first 2 pages of your PREVIOUS YEAR'S federal personal and/or your parent's tax return.
- **Community Service:** The WRSF is a community service based scholarship; the applicant must be involved in one or more community service activities, (i.e. school, church, civic, LGBT, etc.).
- **Post-Secondary Education:** Must be either applying to, admitted and enrolled, or attending an institution of higher learning or an accredited technical or vocational school.
- **GPA:** Have a cumulative grade point average (GPA) of 3.0, or GED equivalent. (Evidenced by high school and/or college transcript).

Required Documentation (Please mail three separate applications, collated and in the following order):

- Proof of Colorado residency
- First two (2) pages of Federal personal or parent's tax return (Please remove your Social Security Number)
- Evidence of community involvement
- Proof of enrollment/attendance in an institution of higher learning or an accredited technical/vocational school
- Current high school/GED and/or college transcript
- Two (2) letters of recommendation
- Name on upper right hand corner of all documents
- One (1) Original and two (2) separate copies, collated and complete of all above materials

PLEASE NOTE: ALL ELIGIBILITY REQUIREMENTS ABOVE MUST BE MET AND ALL REQUIRED DOCUMENTATION (INCLUDING TRANSCRIPTS AND LETTERS OF RECOMMENDATION) MUST ACCOMPANY THE APPLICATION OR YOUR APPLICATION WILL NOT BE CONSIDERED. UNMARKED PAGES OR DOCUMENTS MAILED SEPARATELY FROM YOUR APPLICATION WILL NOT BE CONSIDERED. WE DO NOT ACCEPT APPLICATIONS ELECTRONICALLY.

THE APPLICATION MUST BE POSTMARKED NO LATER THAN Friday, JANUARY 18, 2019 AND BE RECEIVED NO LATER THAN Thursday, JANUARY 31, 2019. Please DO NOT send any materials by certified mail or with signature required.

Best of luck,

*White Rose Scholarship Committee
White Rose Scholarship Foundation*

The White Rose Scholarship Foundation

Application

Name _____

Return complete application postmarked no later than January 18, 2019

**To: White Rose Scholarship Foundation
Attn: Scholarship Selection Committee
P.O. Box 100811
Denver, CO 80250-0811**

For additional information, please contact Annie Brenman-West at 720-331-6707, or email your request to: aannielt@msn.com or visit at: www.icrmedenver.org

Name _____
Last First Middle Initial Social Security #

Contact Information _____
Street Apt #

_____ City State Zip Country

_____ Home Phone Cell Phone Email Address

Dependants living with you:

Name	Relationship	Age

The White Rose Scholarship Foundation

Application

Name _____

Employment:

Currently Employed? Yes No If yes, please complete the following section

Employment Status Full Time Part Time Seasonal

Employer _____ Supervisor _____

Work Address _____
Street _____ Suite _____

City _____ State _____ Zip _____

Work Phone: _____

Expenses:

Do you: Rent Own Live with parent(s) Live on campus

Amount paid for above \$ _____ Monthly

Are there any other financial expenses that you want us to consider when reviewing your application? Y / N

If yes, please explain: _____

Education:

High School _____ Graduation/GED Date _____

College/University/Technical/Vocational Schools attended (include current enrollment):

Name	City/State	Date(s) attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Degree attained: _____

Educational institution that you are planning to attend: _____

Degree or course of study that you intend to pursue: _____

Semester you intend to use scholarship:

Full time (12 credit hours or more) Part time (under 12 credit hours)

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Application

Name _____

Questionnaire:

Please attach your responses to the following questions on a separate page. Also include any item (i.e. certificates and awards) that might enhance your consideration for this scholarship.

1. Please describe, in detail, your community, civic, and/or volunteer activities you have been involved with during the last year.
2. State your educational goals as well as your goals after receiving your degree/training.
3. Please list and describe any special awards or recognition that you have received within the past five years.
4. Please tell us something unique about yourself and why you feel you should be a recipient of a White Rose Scholarship.
5. Please add your response to this essay question:

It is 10 years into the future. What is the accomplishment of which you are most proud? Why is this accomplishment significant to you and what process did you use over the past ten years to achieve it? ***Please, limit your response to 300 words.***

6. Where did you hear or learn about The White Rose Scholarship?

The White Rose Scholarship Foundation

Application

An independent committee comprised of civic, business and educational leaders will review all applications. If you are selected to receive a scholarship, your award will be disbursed directly to the educational institution of your choice and may only be applied toward tuition and/or books. Recipient's names will be posted on the website after they have been notified. All recipient applications are retained for WRSF tax purposes, and all other applications are destroyed after judging.

Please read and sign the following Application Consent and Release.

By signing this application, I authorize the White Rose Scholarship Foundation Committee to verify any/all information provided herein. I understand that if I receive a scholarship I must maintain standards of Academic Progress. I also understand that any monies disbursed will be paid directly to the school of my choosing and may only be applied to tuition and/or books. I further verify that the foregoing information is correct and accurate to the best of my knowledge.

A completed application and all necessary attachments are required to be eligible to receive scholarship consideration.

For due consideration, receipt of which is hereby acknowledged, I do hereby irrevocably and in perpetuity grant to the White Rose Scholarship Foundation and each of its affiliates, and their respective employees, directors, officers, agents, and representatives, licensees, designers, successors and assign (collectively, the "WRSF") the absolute right and permission to use, copy, modify, edit, publish, broadcast, and copyright my own name or fictitious name, likeness, photograph(s), voice recording(s), quoted remark(s), biographical data and/or any material based upon or derived therefrom, or to refrain from so doing, in any manner and by all media, means, or technologies now known or hereafter known anywhere in the world for purposes of advertising, trade, display, exhibition, editorial use, or any other lawful purpose whatsoever, without restriction as to use or frequency of use. I hereby waive any right of consultation, inspection or approval that I may have with respect to the finished product of use.

I agree that all materials created hereunder by the WRSF shall become and remain the sole and absolute property of the WRSF.

I hereby release and agree to hold the WRSF harmless from any and all liability and claims of any nature whatsoever, including, without limitation, claims based upon invasion of privacy, defamation or right of publicity, arising out of or relating to any use (including use in composite form) of my name, likeness, photograph(s), voice recording(s), quoted remark(s) or biographical data, or any distortion, alteration, optical illusion, or faulty reproduction which may occur in the development, dissemination or use of my name, likeness, photograph(s), voice recording(s), quoted remark(s) or biographical data, where or not intentional.

I affirm that I am 18 years of age, or the parent or guardian of the minor applicant. I acknowledge that I have carefully read this document and fully understand its contents. My signature below represents my acceptance of the terms hereof.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
(if under age 18)