

Cincinnati Chapter of PFLAG PO. Box 19634 - Cincinnati, Ohio 45219 www.pflagcincinnati.org

2025 Tom & Marie Jenkins Memorial Scholarship Award Application

Applicant Information

Please provide information where you may be reached for questions or notification.

Name:	·			
Addre	ss:			
City:		State:		Zip:
Phone	:	Birth	n Date:	
Prono	uns:			
Email	Address:			
How d	lid you hear about this schola	arship? (mark	all that apply	<i>y</i>):
	hool Counselor Other holarship Database/Website			
	Re	quirements		
(b) Be	ants must: (a) Be a resident of o e a student (at least 17 years-old lvement and leadership with the winn	d as of April 18	3, 2025), (c) D munity, and (d	emonstrate positive
Applic	ations will be considered only if	f the following	are postmar l	ked or received via
	<u>online applica</u>	<u>ation by Apri</u>	l 18, 2025 :	
	 Completed scholarship appl 	ication with pe	ersonal signati	ıre
	□ Your high school or GED tra	nscripts (sent	by your schoo	l) <u>or</u> Your most
	recent college or univers	ity transcripts	(sent by your	school)
	□ Two letters of recommendat	tion that can s _l	peak to your L	GBTQ+ involvement
	while also touching upor	ı your characte	er and academ	ic success

The scholarship awards are a reflection of PFLAG's commitment to a world where diversity is celebrated and all people are respected, valued, and affirmed, inclusive of their sexual orientation, gender identity, and gender expression.

The Cincinnati Chapter of PFLAG will recognize outstanding individuals who show a high level of involvement within the LGBTQ+ community while demonstrating academic success and leadership.

While PFLAG guards the confidentiality of all applicant information, our organization cannot guarantee complete anonymity. All applicants will be notified of the results at the address or phone number indicated on the application. Recipients will be announced at a PFLAG meeting, and names and information from applications, with permission, will be used in related publicity. PFLAG wishes to honor your achievements but not violate your privacy or confidences.

Agreement:

I certify that the information in my application is correct to the best of my knowledge and that I have read the above statement.

Signature:			
Date:			

Scholarship materials should be mailed to the following address:

PFLAG / Scholarship Committee P.O. Box 19634 Cincinnati, Ohio 45219-0634

Ouestions?

Please call 513.284.6485 or e-mail pflagcincinnatischolarship@gmail.com.

Note: Decisions will be made by a selection committee. All applicants will be notified as soon as possible following the application deadline. Recipients will be honored at a meeting of the PFLAG chapter in June or July 2025. Details will follow notification of recipients. Scholarship checks will be sent directly to the college or university.

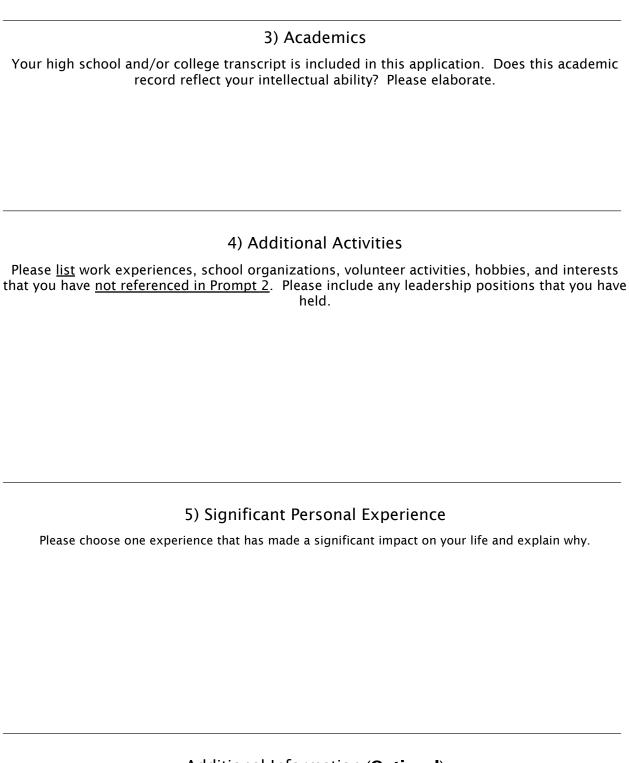
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Please print or type your responses (Typing is encouraged). Expand beyond the space below when needed.

College/University Information				
e name of the school you currently attend and the school you plan to attend. If you don your school, please list the schools to which you have applied. Please include your intended major and/or career field if known.				
 1) LGBTQ+ Personal Statement				
Please select one of the following questions to answer: eing lesbian, gay, bisexual, transgender, intersex, or queer impacted your life? b) How has your allyship to the LGBTQ+ community impacted your life?				

2) Involvement with the LGBTQ+ Community

Please write in detail about your involvement and leadership with the LGBTQ+ community in your school and/or wider community. Include contributions and/or accomplishments that have made you especially proud.



Additional Information (**Optional**)

Please share any additional information that would be relevant in assessing your application.