



## The J.C./Lady Graytop Memorial Scholarship Fund

### FORMATTING AND FORM INSTRUCTIONS

1. We prefer that you use a **computer** to fill out your application in this form document. If necessary, you may use a typewriter or complete the application by hand, *writing as legibly as possible*, using a blue or black pen.
2. If you are completing this application by **typewriter** or by **hand**, put your answers to **Sections A through E** directly onto the form. If you are completing it on a **computer**, fill out the indicated fields, then save and print the file on a high-quality setting. *Do not change formatting or the number of pages.*
3. Your responses to the questions in **Section F**, regardless of what method you use to complete the application, **must be placed on separate paper**. If using a computer, use a **12-point Times** font. Whether using a computer or typewriter, **single-space** your responses.
4. **Paperclip** all pages of your application in sequential order, including the additional pages for Section F. **Please DO NOT use any binders or staples.**
5. If you would like submitted materials returned, enclose a self-addressed, stamped envelope or make other arrangements with The Court of Seattle Organization.

**Your completed application must be postmarked by**

**Friday, January 10, 2020**

**Mail to:**

Court of Seattle Organization  
J.C./Lady Graytop Memorial Scholarship Committee  
1122 East Pike Street, PMB #1300, Seattle, WA 98122

*\* NOTE: There is no physical location to drop off applications. They must be mailed.*

### APPLICATION CHECKLIST

**Please include:**

- 1 original and 5 photocopies** of your application, including all attachments.
- 1 original and 5 photocopies** of **Reference Letters** from **two** individuals who know your capabilities and potential for success in your educational program.
  - If your references prefer to send letters directly, they must be postmarked by **Friday, January 10, 2020.**
- 1 original and 5 photocopies** of your **Official Transcript** from the school you most recently attended.
  - If your transcript does not reflect your abilities, explain why in your response to Question 12.
  - If your transcript is being sent separately, make sure it is postmarked by **Friday, January 10, 2020.**
  - **\*\*PLEASE NOTE: An Unofficial Transcript will not be accepted\*\***
- 1 original and 5 photocopies** of your enrollment letter or offer letter with an indicated start date.

### MARK YOUR CALENDAR

- Recipients will be contacted by letter, telephone or e-mail no later than February 6, 2020, and invited to attend the awards ceremony at the ISCSORE Coronation Ball, to be held Saturday, February 15<sup>th</sup>, 2020, where the scholarships will be announced and certificates of awards will be presented and made public.



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## The JC/Lady Graytop Memorial Scholarship Application

*NOTE: Click on the first highlighted field to enter information. Use Tab to go to the next field.  
For check box fields, use the space bar once to mark it and a second time to unmark it.*

### SECTION A: BASIC INFORMATION

Your Legal Name:

|             |              |                       |
|-------------|--------------|-----------------------|
|             |              |                       |
| <i>Last</i> | <i>First</i> | <i>Middle Initial</i> |

Preferred Name if Different:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

City/State/ZIP:

County:

Permanent Street Address  
(if different):

\_\_\_\_\_

City/State/ZIP:

County:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Primary Phone:

Secondary Phone:

\_\_\_\_\_

1. Have you received a JC/Lady Graytop Memorial Scholarship before?  Yes  No
2. How did you learn about this scholarship? (Please check and describe all that apply.)

|  |  |
|--|--|
| <input type="checkbox"/> High School Counselor         | <input type="checkbox"/> Event:        |
| <input type="checkbox"/> College Financial Aid Officer | <input type="checkbox"/> Newspaper:    |
| <input type="checkbox"/> Word of Mouth                 | <input type="checkbox"/> Online Site:  |
| <input type="checkbox"/> Poster                        | <input type="checkbox"/> Organization: |
| <input type="checkbox"/> Other:                        |  |

3. The following information is required to ensure that scholarships reflect the diversity in our community:

|  |   |
|--|---|
| Age:   | Date of Birth:  |
| Sexual Orientation:  | <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Straight <input type="checkbox"/> Bisexual<br><input type="checkbox"/> Other (Please explain):   |
| Gender Identity:<br>(Check all that apply)                   | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex<br><input type="checkbox"/> Trans <input type="checkbox"/> Trans Female → Male <input type="checkbox"/> Trans Male → Female<br><input type="checkbox"/> Other (Please explain): |
| Racial/Ethnic Identity:                                      |   |
| Do you have a lesbian, gay, bisexual, or transgender parent? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |



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Your Full Name:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

*Last*

*First*

*Middle Initial*

## SECTION B: YOUR ELIGIBILITY FOR SCHOLARSHIP

### 4. Scholarship Criteria

The JC/Lady Graytop Memorial Scholarship promotes leadership and diversity in the lesbian, gay, bisexual, and transgender (LGBT) community and emphasizes commitment to civil rights for all people. Awards are restricted to residents of Washington.

*To help us determine your eligibility for scholarship, please check all boxes that apply.*

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | a. I am a <b>Washington</b> resident  |
| <input type="checkbox"/> | b. I am currently enrolled or will start on date: _____ of this year.   |
| <input type="checkbox"/> | c. <b>I am planning to study and pursue a career in:</b>  |
| <input type="checkbox"/> | d. I have a background in <b>leadership activities</b> . <i>(Please elaborate in your response to Question 13)</i>  |
| <input type="checkbox"/> | e. I plan to pursue <b>leadership activities</b> through college, or pursue <b>national/international excellence in leadership</b> through an accredited institution or program. <i>(Please elaborate in your response to Question 10)</i>                          |
| <input type="checkbox"/> | f. I have a background in <b>participatory athletics</b> . <i>(Please elaborate in your response to Question 13)</i>  |
| <input type="checkbox"/> | g. I plan to pursue or study <b>participatory athletics</b> through college, or pursue <b>national/international excellence in sports</b> through an accredited institution or program. <i>(Please elaborate in your response to Question 10)</i>                   |
| <input type="checkbox"/> | h. I have a background in <b>civic activities</b> . <i>(Please elaborate in your response to Question 13)</i>   |
| <input type="checkbox"/> | i. I plan to pursue <b>civic activities</b> through college, or pursue <b>national/international excellence in civics</b> through an accredited institution or program. <i>(Please elaborate in your response to Question 10)</i>                                   |
| <input type="checkbox"/> | j. I have a background in <b>community awareness/activism</b> . <i>(Please elaborate in your response to Question 13)</i>   |
| <input type="checkbox"/> | k. I plan to pursue <b>community awareness/activism</b> through college, or pursue <b>national/international excellence in community awareness/activism</b> through an accredited institution or program. <i>(Please elaborate in your response to Question 10)</i> |



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Your Full Name:     
*Last* *First* *Middle Initial*

## SECTION C: YOUR EDUCATIONAL BACKGROUND

5. Please mark the highest year of education completed.

- Elementary School  1  2  3  4  5  6  7  8  
 High School  9  10  11  12 or  GED  
 College/University  13  14  15  16 or  Postgraduate Work

6. Please provide information about each high school, college/university, or other educational institution you have attended.

| School Name<br>City, State | # of<br>Yrs | Expected<br>Graduation/<br>Degree Date | Type of<br>Degree/<br>Certificate | Major/<br>Course of Study |
|----------------------------|-------------|--|-----------------------------------|---------------------------|
|                            |             |  |                                   |                           |
|                            |             |  |                                   |                           |
|                            |             |  |                                   |                           |
|                            |             |  |                                   |                           |
|                            |             |  |                                   |                           |

7. Please check ONE of the two following boxes indicating the status of your transcripts.

- 1 original and 5 photocopies of the transcript from my most recent institution are attached.  
 My most recent institution is sending my transcripts directly to you.

8. If you believe that your transcript does not effectively represent your abilities and qualifications, please check the following box and complete Question 12.

- My transcript does not effectively represent my abilities and qualifications. Please see my response to Question 12.



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Your Full Name:

*Last* *First* *Middle Initial*

## SECTION D: YOUR EDUCATIONAL OBJECTIVES

9. Please provide the following information about the school(s) or program(s) that you will be attending, or are considering attending, during the 2019/2020 school year.

| School Name<br>City, State | Degree/<br>Certificate<br>Objective | Planned Major(s) or<br>Course(s) of Study | Have You<br>Been<br>Admitted?                               | If Admitted,<br>please provide<br>Student ID<br>number, if known |
|----------------------------|-------------------------------------|---|---|--|
|                            |                                     | -<br>-                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                            |                                     | -<br>-                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                            |                                     | -<br>-                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                            |                                     | -<br>-                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |

10. Education and Career Goals: *(Your responses must fit within the space provided)*

a. Please describe your educational goals:

b. Please describe your career goals and interests:



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*Last* *First* *Middle Initial*

## SECTION E: YOUR FINANCIAL NEED AND RESOURCES

### 11. Financial Need

Please use the worksheet below to report and estimate your income and expenses. Generally, your school's catalog or Web site will provide estimated expenses.

| A. KNOWN INCOME   | January 2019<br>thru December 2019<br>(Estimated) | January 2020<br>thru December 2020<br>(Anticipated) |
|---|---|---|
| Please name the school you currently attend and/or plan to attend.  |   |   |
|   | <i>School Name</i>                                | <i>School Name</i>                                  |
| I. Income from employment (net after taxes)   | \$  | \$  |
| II. Income from partner or spouse   | \$  | \$  |
| III. Financial support you currently receive, or expect to receive, from parents/guardians, friends or other family members   | \$  | \$  |
| IV. Money you have set aside for your education (including educational IRAs, savings, etc.)   | \$  | \$  |
| V. Income from student loans for the current school year  | \$  | \$  |
| VI. Have you received, or been notified that you will receive, any educational scholarships or grants? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>yes</b> , please list the names and provide the amounts: |   |   |
| •   | \$  | \$  |
| •   | \$  | \$  |
| •   | \$  | \$  |
| <b>Enter Total for Each Column Here:</b>  | \$  | \$  |

| B. POTENTIAL INCOME  | January 2019<br>thru December 2019<br>(Estimated) | January 2020<br>thru December 2020<br>(Anticipated) |
|--|---|---|
| I. Have you applied for, or do you plan to apply for, any other scholarships or grants (including Federal Grants) but NOT received notification on them yet? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>yes</b> , list the names and provide the amounts, if available: |   |   |
| •  | \$  | \$  |
| •  | \$  | \$  |
| •  | \$  | \$  |
| •  | \$  | \$  |
| •  | \$  | \$  |



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Your Full Name:     
*Last First Middle Initial*

| <b>C. SCHOLARSHIP ELIGIBLE EXPENSES <sup>1</sup></b>            | <b>January 2019<br/>thru December 2019<br/>(Estimated)</b> | <b>January 2020<br/>thru December 2020<br/>(Anticipated)</b> |
|---|--|--|
| Please name the school you currently attend.                    |  |  |
|   | <i>School Name</i>   | <i>School Name</i>   |
| I. Tuition and Fees (including labs, facilities, testing, etc.) | \$   | \$   |
| II. Books and School Supplies                                   | \$   | \$   |
| III. <b>On-Campus</b> Room & Board                              | \$   | \$   |
| <b>Enter Total for Each Column Here:</b>                        | <b>\$</b>  | <b>\$</b>  |

| <b>D. OTHER EXPENSES <sup>2</sup></b>    | <b>January 2019<br/>thru December 2019<br/>(Estimated)</b> | <b>January 2020<br/>thru December 2020<br/>(Anticipated)</b> |
|--|--|--|
| I. <b>Off-Campus</b> Rent/Mortgage       | \$   | \$   |
| II. Food                                 | \$   | \$   |
| III. Transportation                      | \$   | \$   |
| IV. Personal & Incidental                | \$   | \$   |
| V. Childcare Expense                     | \$   | \$   |
| VI. Other Dependent Expense:             | \$   | \$   |
| <b>Enter Total for Each Column Here:</b> | <b>\$</b>  | <b>\$</b>  |

|  |    |  |
|--|----|--|
| VII. Number of Dependents  |    |  |
| VIII. Total Outstanding Educational Loans ( <i>through December 2018</i> ) | \$ |  |

<sup>1</sup> Our scholarship fund may only be used for items that are charged to your student account such as tuition and fees and, in some cases, books and supplies and on-campus room and board (depending on the school). Our scholarship fund does not go directly to you; checks can only be made out to your school to be put into your student account and used for these items.

<sup>2</sup> We consider your entire financial situation in determining award amounts.

**E. Please use this space to briefly explain any special financial circumstances.**

*(Your responses must fit within the space provided)*



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|             |              |                       |
|-------------|--------------|-----------------------|
|             |              |                       |
| <i>Last</i> | <i>First</i> | <i>Middle Initial</i> |

## SECTION F: DISCUSSION QUESTIONS

The following discussion questions are a critical part of your application. Please answer EACH of them fully to the best of your ability.

\* **NOTE:** Questions 12 and 16 are optional. You must answer questions 13 through 15.

### Instructions:

- Your responses to the following questions must be submitted on separate pages. You may include more than one response on a single page. **Please attach all responses to your application in sequential order.**
- Include your full name and the page number on the top, right corner of each page.
- Include the question number and title at the beginning of each response.
- Your responses must be single-spaced using a **12-point Times font**.
- Pay close attention to the **word limit** for each response. *NOT MEETING OR EXCEEDING THE WORD LIMIT WILL NEGATIVELY IMPACT THE OVERALL EVALUATION OF YOUR APPLICATION.*

12.  **Transcript Does Not Reflect Ability - Optional** (250 min - 300 max words)

If you indicated on Question #8 that your transcript does not reflect your ability, please explain how you will still succeed in your educational plans.

13.  **Activities** (No word limit)

Describe your most important extracurricular community and school activities, including names of organizations and the years you were involved. You may use either a résumé-style list or a brief essay to explain.

- **Community** (volunteer service, religious institution, youth groups, etc.)
- **School** (theater, clubs, sports, student government, etc.)
- **Activism** (political or initiative campaigns, activist groups, etc.)
- **Athletics**
- **Work experience**
- **Honors/awards**

14.  **Giving Back** (400 min - 500 max words)

Using experiences “from your own life”, respond to the following statement:

- *“I will use my education for the future of our community in the following manner...”*

15.  **Quote** (No more than 500 words)

A quote often has the ability to succinctly capture thoughts and feelings that deeply resonate with us due to our life experiences and future aspirations. Please share a quote that holds special meaning for you and explain why it speaks to you so powerfully. Your response should also include the name and, if possible, a brief description of the person to whom the quote is attributed.

16.  **Additional Information - Optional** (No more than 500 words)

Please share **anything else** you want us to know about you. You may also elaborate on any of your previous responses.

**PLEASE CAREFULLY REVIEW THE APPLICATION CHECKLIST AS WELL AS ALL OF YOUR ANSWERS BEFORE SUBMITTING YOUR APPLICATION**

**End of Application**