

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

Monday, January 27, 2025 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 Monday, January 27, 2025
- → 1 original and 5 photocopies of your 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 Monday, January 27, 2025

MARK YOUR CALENDAR

Recipients will be contacted by letter, telephone or e-mail no later than February 7, 2024, and invited to attend
the awards ceremony at the ISCSORE Coronation Ball, to be held Saturday, February 15, 2024 at the Hilton
Hotel Seattle Airport and Conference Center, where the scholarships will be announced and certificates of
awards will be presented and made public.



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 INF	ORMATION
Your Legal Name:	
Preferred Name if Different:	ast First Middle Initial
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?
2. How did you learn about	t this scholarship? (Please check and describe all that apply.)
☐ High School Counselor	□ Event:
College Financial Aid Officer	□ Newspaper:
☐ Word of Mouth	☐ Online Site:
Poster	☐ Organization:
Other:	
3. The following informatio community:	on is required to ensure that scholarships reflect the diversity in our
Age:	Date of Birth:
Sexual Orientation:	☐ Lesbian ☐ Gay ☐ Straight ☐ Bisexual
	Other (Please explain):
Gender Identity:	Female Male Intersex
(Check all that apply)	Trans Trans ☐ Female → Male ☐ Trans Male → Female
	Other (Please explain):
Racial/Ethnic Identity:	:



		Your Full Name:					
			Last		First	Middle Initial	
	-	ou have a lesbian, ga or transgender parent '	· —	□No	Unknown		
SEC	TIO	N B: YOUR ELI	GIBILITY FO	R SCHOL	ARSHIP		
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 hel	p us	determine your eligit	bility for scholars	hip, please ch	eck all boxes that apply.	1	
	a.	I am a Washington	resident				
	b.	I am currently enrolle of this year.	ed or will start on	date			
	C.	I am planning to stu	udy and pursue	a career in:			
П	d.	I have a background	in leadership ac	tivities. (Pleas	e elaborate in your response to	o Question 13)	
	e.				ege, or pursue national/ir am. (<i>Please elaborate in you</i>	nternational excellence in rresponse to Question 10)	
	f.	I have a background	in participatory	athletics. (Plea	ase elaborate in your response	to Question 13)	
	g.				s through college, or purson or program. <i>(Please elabo</i>	sue national/international rate in your response to	
	h.	I have a background	in civic activities	s . (Please elabo	rate in your response to Quest	tion 13)	
	i.				oursue national/internation elaborate in your response to		
	j.	I have a background	in community a	wareness/acti	vism. (Please elaborate in yo	ur response to Question 13)	
	k.		nunity awarenes	s/activism thre	rough college, or pursue n ough an accredited institutio		



The J.C./Lady Graytop Memorial Scholarship **Fund** Your Full Name: Last First Middle Initial **SECTION C: YOUR EDUCATIONAL BACKGROUND** 5. Please mark the highest year of education completed. □ 7 Elementary School $\prod 1$ $\prod 2$ □ 3 \square 4 □ 6 8 High School □9 □ 10 □ 11 □ 12 ☐ GED or □ 13 □ 14 \square 15 \square 16 College/University ☐ Postgraduate Work or 6. Please provide information about each high school, college/university, or other educational institution you have attended. Type of Expected School Name # of Graduation/ Degree/ Major/ Course Certificate City, State Yrs Degree of Study Date 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

☐ My transcript does not effectively represent my abilities and qualifications. Please see my response to

qualifications, please check the following box and complete Question 12.

Question 12.



OF NEW YOU	The J.C./	<u>Lady</u>	<u>Graytop</u>	<u>Memorial</u>	Scholarsh	<u>nip Fund</u>
	Your Full Name:					
		Last		First		Middle Initial
SECTION	N D: YOUR ED	UCATIO	NAL OBJEC	TIVES		
	e provide the follo					t you will be
	School Name City, State		Degree/ Certificate Objective	Planned Major(s Course(s) of Stu		If Admitted, please provide Student ID number, if known
				-	□ Yes	
				-	□Yes	
				-	□No	
				-	□Yes	
				-	□ No	
				-	□Yes	
				-	☐ No	
	tion and Career (
b. Plea	ase describe you	r career go	oals and intere	sts:		



Your Full Name:			
rour run mannor			
·	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	Jan 2024 - Dec 2024 (Estimated)	Jan 2025 - Dec 2025 (Anticipated)
Ple	ase name the school you currently attend and/or plan to attend.		
		School Name	School Name
I.	Income from employment (net after taxes)	\$	\$
II.	Income from partner or spouse	\$	\$
III. I	Financial support you currently receive, or expect to receive, from parents/guardians, friends or other family members	\$	\$
IV. N	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? Yes No If yes , please list the names and provide the amounts:		
	•	\$	\$
	•	\$	\$
	•	\$	\$
	Enter Total for Each Column Here:	\$ 0	\$ 0
В.	POTENTIAL INCOME	Jan 2024 - Dec 2024 (Estimated)	Jan 2025 - Dec 2025 (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? Yes No If yes , list the names and provide the amounts, if available:		
	•	\$	\$



Your Full Name:			
	Last	First	Middle Initial
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$



Your Full Name:			
	Last	First	Middle Initial

	Lusi	1.1131	Middle Initial
C.	SCHOLARSHIP ELIGIBLE EXPENSES ¹	Jan 2024 - Dec 2024 (Estimated)	Jan 2025 - Dec 2025 (Anticipated)
Please	e name the school you currently attend and/or plan to attend.		
		School Name	School Name
l	Fuition and Fees (including labs, facilities, testing, etc.)	\$	\$
II.	Books and School Supplies	\$	\$
III.	On-Campus Room & Board	\$	\$
	Enter Total for Each Column Here:	\$ 0	\$ 0
D.	OTHER EXPENSES ²	Jan 2024 - Dec 2024 (Estimated)	Jan 2025 - Dec 2025 (Anticipated)
I.	Off-Campus Rent/Mortgage	\$	\$
II.	Food	\$	\$
III.	Transportation	\$	\$
IV.	Personal & Incidental	\$	\$
V.	Childcare Expense	\$	\$
VI.	Other Dependent Expense:	\$	\$
	Enter Total for Each Column Here:	\$ 0	\$0
VII.	Number of Dependents		
VIII.	Total Outstanding Educational Loans (through Dec. 2023)	\$	

¹ 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.

² We consider your entire financial situation in determining award amounts.



	Your Full Name:						
E.	Please use this space to						
	efly explain any special						
fina	ancial circumstances.						
	(Your responses must fit within the space provided)						
	Calculation Application						
	Scholarship Application	16177 1					
	Last First	Middle Initial					
SE	CTION F: DISCUSSION QUESTIONS						
The	e following discussion questions are a critical part of your application. Please answ	er FACH of					
	m fully to the best of your ability.						
	OTE: Questions 12 and 16 are optional. You must answer questions 13 through 15.						
	Instructions:						
		da mara than					
	 Your responses to the following questions must be submitted on separate pages. You may include one response on a single page. Please attach all responses to your application in sequential 						
	• Include your full name and the page number on the top, right corner of each page.	01401					
	 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. EXCEEDING THE WORD LIMIT WILL 	IJ.					
	NEGATIVELY IMPACT THE OVERALL EVALUATION OF YOUR APPLICATION.	313					
12.	,						
	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.						
12	☐ Activities (No word limit)						
13.	Describe your most important extracurricular community and school activities, including names of organic	zations 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 						
	- 110HO15/AWALUS						
14.	☐ Giving Back (No more than 500 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.



Your Full Name:

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

Scholarship Application