



Scholarship Application

Please Print or type all information

Name _____ Date _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Email _____

LGBT identifier _____ or Parent identifier _____ State of legal residence _____

Year graduated or received GED _____ Final grade point average _____

Please list all high schools attended and colleges where you have taken any courses:

Name	City	State	Dates
------	------	-------	-------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any schools you are considering and your approximate start date.

I plan to enroll Full-time Half-Time Less than Half-Time

In addition to this form please provide the following documents:

- A copy of your final high school transcript and GED if applicable
- Copies of any college transcripts for courses you may have taken
- Either a written or video essay telling us about you and why you should be considered.
- The completed, dated, and signed video release
- The results of your FAFSA. Please go to www.FAFSA.org, print your Student Aid Report and submit it to the Scholarship Administrator.

The scholarship closes March 1. We will then begin reviewing all complete applications. If the application is not complete it will not be reviewed.

Please send all information to Tamara Arment at tamara.ament@proudscholars.org or by mail to:

Proud Scholars
Tamara Arment
Scholarship Administrator
P.O. Box 14671
Cincinnati, Ohio 45250



Photograph & Video Release Form

I _____ hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Promotional material printed and video
- Web site presentations
- Event informational presentations

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____