

HTUC TRANSGENDER SCHOLARSHIP FUND  
C/O Houston Transgender Unity Committee (HTUC)  
P. O. BOX 542287  
HOUSTON, TEXAS 77254

## PEGGY RUDD TRANSGENDERSCHOLARSHIP FUND FACTS

### **Objective**

The Peggy Rudd Transgender Scholarship Fund was created to recognize outstanding transgender students and to contribute toward their continuing education. The members of HTUC recognize that in many cases members of the transgender community must work harder harder to reach higher education goals than others, and we feel that these individuals are worthy of our support.

### **Scholarship Description**

Each year HTUC awards one or more college scholarships to students associated with the transgender community. The scholarships are typically \$1000 but may be for different amounts at the discretion of the committee. Students chosen must demonstrate that they can maintain a minimum of a 2.5 GPA out of 4.0.

### **Qualifications for Scholarship Award**

To qualify for this award, the TG individual must:

- Demonstrate achievement in the areas of academic excellence and leadership;
- Demonstrate financial need;
- Complete the attached forms;
- Provide a short bio that:
  - Portrays the goals that the individual hopes to achieve in his or her education;
  - Describes the applicant's community involvement.

### **Selection Process**

A panel of community members will review the applications and make preliminary selections. Finalists may be contacted and interviewed by the panel for the final selection.

## **Schedule for Scholarship Application**

Applications may be submitted at any time. To be considered during the first award review each year, applications must be submitted no later than May 15. Applications that are submitted or completed after May 15 will be considered at later award reviews if there are scholarship awards available. All applications must include the most recent high school or college transcript, or vocational school equivalent. All other forms must be sent to HTUC within 30 days of the initial application. Incomplete applications will not be considered.

Applications should be mailed to:

HTUC  
P. O. Box 542287  
Houston, TX 77254

The students selected will be notified as soon as their selection is confirmed.

**HOUSTON TRANSGENDER UNITY COMMITTEE**  
**HTUC Scholarships Program Comprehensive**  
**Application Form**

Before completing this form, please read the attached letter to ensure that you meet the eligibility requirements, and can agree to the conditions of this award. All information provided on this form will be treated with confidentiality

Please PRINT or TYPE your responses to the following questions.

**APPLICANT'S GENERAL INFORMATION:**

Mr., Ms., \_\_\_\_\_  
(Select or Enter Your Preference) (First Name Mi Last Name)

Preferred Pronoun(s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of graduation ceremony: \_\_\_\_\_

Are you a transgender individual?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, are you "out and open" in the community?

Yes \_\_\_\_\_

No \_\_\_\_\_

Is an immediate member of your family, or is your spouse or domestic partner, a member of the transgender community?

Yes \_\_\_\_\_

No \_\_\_\_\_

Are you a supporter of the transgendered community?

Yes \_\_\_\_\_

No \_\_\_\_\_

Describe your involvement in the transgender community here:

### **APPLICANT'S FINANCIAL NEEDS**

If you are a transgender individual, are your parents aware of your transgender status?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you are a transgender individual, are your parent's supportive of your transgender status?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you live apart from your family?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you support yourself financially?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you believe that you have any special needs?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please explain your needs on a separate sheet of paper. These special needs will be treated with confidentiality. If we need to contact anyone else about these needs, we will contact you first to obtain your permission to talk with others about your needs.

**EDUCATION INFORMATION:**

Which schools are you applying to?

\_\_\_\_\_

What is your admission status?

Planning to apply \_\_\_\_\_

Waiting for school to respond \_\_\_\_\_

Admitted \_\_\_\_\_

Estimated annual college costs (tuition, room and board, books, etc): \$ \_\_\_\_\_

Do you have a major in mind?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what do you plan to study? \_\_\_\_\_

How do you plan to finance your college education? (Check all that apply)

Student loans \_\_\_\_\_

Grants or scholarships \_\_\_\_\_ Part-time employment \_\_\_\_\_

College work/study program \_\_\_\_\_

Full-time employment \_\_\_\_\_

Are your parents able and willing to assist with your college expenses?

Yes \_\_\_\_\_

No \_\_\_\_\_

IF YOUR PARENT(S) ARE SUPPORTIVE, WILLING AND ABLE TO ASSIST WITH YOUR COLLEGE EXPENSES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

(Please skip to next section if this doesn't apply to you)

Is this a single parent family?

Yes \_\_\_\_\_

No \_\_\_\_\_

(If yes please respond to one of the following two questions. Otherwise, please answer both questions)

First parent's name: \_\_\_\_\_

Second parent's name: \_\_\_\_\_

If both parents reside at the same address, are they both working?

Yes \_\_\_\_\_

No \_\_\_\_\_

Total household income as reported on federal tax return(s): \$ \_\_\_\_\_

Total number of exemptions claimed on tax return(s): \_\_\_\_\_

Number of dependent children in the family: \_\_\_\_\_

Number of dependent children in college: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

What jobs, if any, have you held? Please list both volunteer and paid positions as appropriate:

\_\_\_\_\_

\_\_\_\_\_

Employer's Name \_\_\_\_\_

Job Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_

(Please use a separate sheet of paper if necessary)

**ADDITIONAL QUESTIONS:**

Please describe any achievements or accomplishments of which you are especially proud:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your plans after you finish your education?

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**CERTIFICATION AND SIGNATURE(S):**

All of the information provided on this form is true and complete to the best of my knowledge.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

If you wish, you may ask your parent or guardian to sign below. (Parental/guardian's signature is desirable but not required)

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please remember to attach a copy of your college transcript and your bio. (see cover letter for details).

Please see the attached release form.

Please give the attached reference forms to two people, and remember to ask at least one of them to affirm your transgender status, or your transgender ally status.

HTUC National Scholarships Program  
Scholarship Reference Form

Houston Transgender Unity Committee (HTUC) is a Houston area non-profit 501c3 organization representing Houston area transgender support and social organizations. HTUC is pleased to offer this Scholarships Program to graduating high school seniors entering college and students currently attending college. You have been given as a reference by:

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(Student please write your name here before handing the form to your reference)

It will help us to evaluate this student's application for a scholarship if you would please complete the following form. Time is of the essence, and the completion of this form at your earliest convenience would be greatly appreciated.

Unity Committee  
HTUC Scholarships Program  
PO Box 542287  
Houston TX 77254-2287

The Scholarships Committee understands that it takes time to consider what you would like to tell us about this student, and we appreciate and thank you for the valuable time and effort you take in completing this form.

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

What is your relationship with this student? (e.g. parent, guardian, family member, teacher, friend, minister, school counselor, school administrator, coach, etc):

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Please answer the questions on the following page. Please feel free to approach your answers in a conversational way, as though you were visiting with us. Please attach additional pages if you wish.

What do you know about this student that identifies her/him as a person able to set goals and pursue them to completion?

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What else do you think we should know about this student? This is your chance to help us to know this student as you do.

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If you have any questions, please write to us.

Unity Committee  
HTUC Scholarships Program  
PO Box 542287  
Houston TX 77254-2287

HOUSTON TRANSGENDER UNITY COMMITTEE  
Scholarships Program Release Form

Please complete this form and return with your application.

**Please be assured that your answers on this form will not impact the outcome of your application.  
This is an administrative form that is not sent to reviewers.**

On the \_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_ (year), I, make the following five (5) statements of my own free will.

Please delete (or mark out) as appropriate and sign by each deletion.

I grant/do not grant (sign here: \_\_\_\_\_) to the HTUC Scholarships Program permission to approach my high school principal regarding recognition of my scholarship award by the high school.

I grant/do not grant (sign here: \_\_\_\_\_) to the HTUC Scholarships Program permission to publish an announcement of my scholarship award in the local news media.

I grant/do not grant (sign here: \_\_\_\_\_) to the HTUC Scholarships Program permission to release information about my scholarship award to the local HTUC Community.

I grant/do not grant (sign here: \_\_\_\_\_) to the HTUC Scholarships Program permission to use my photograph in their publicity releases about my scholarship award.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_