Parents, Families, Friends, and Allies United with LGBTQ+ People

PFLAG
BUFFALO / NIAGARA
LEADING WITH LOVE
We are here for you when a loved one comes out.

The Elizabeth 'Babs' Conant Memorial Scholarship

The Marvin L. Henchbarger Scholarship

The Mary L. Hewitt Memorial Scholarship

Each of the above scholarships is a $1000.00 award.

Only hard-copy applications will be accepted. Mail completed application to PFLAG Buffalo/Niagara P.O. Box 617 Buffalo NY 14207 by Wednesday, May 15th.



PURPOSE

- To recognize WNY high school LGTBQ+ seniors and ally seniors graduating in June 2026
- To encourage future education, advocacy, and support for LGBTQ+ students
- To foster a positive image of LGBTQ+ young people in society

ELIGIBILITY

- A graduating senior from a WNY high school
- A self-identified LGBTQ+ student or ally
- Accepted to an accredited post-secondary educational institution
- Personal Information Form, Short Response Form, and a reference letter
- Short interview if deemed necessary

TERMS

- Three scholarships of $1000.00 each will be awarded.
- Scholarship funds will be deposited directly to each student's school account
- The award must be used within one year of its receipt
- All information submitted to PFLAG Buffalo/Niagara will be strictly confidential unless permission has been given
- **HARDCOPY application must be received by Thursday, May 15th in the P.O.box of this organization. If received after that date, the application will be disposed of unopened.**

CRITERIA FOR JUDGING

- Affirmation of one's LGBTQ+ identity and community support or of straight ally support
- Participation in events supporting the LGBTQ+ students and community
- Short responses in list and/or short sentence format
- Responses to questions from interview panel if application is selected for Round 2
- Commitment to LGBTQ+ support in the future
- Reference letter from faculty member (references that support above are optimal)
- Grammar, spelling, clarity, and neatness

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Personal Information

Please attach any additional information as needed.

Name - _____

Address _____

Phone- _____ Email _____

School attending in September _____

Course of Study-_____

Career Goals/Short Explanation of Choice

_____

_____

_____

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Short Answer Response Form

Use a list format or maximum of 3 short sentences per question.

If deemed necessary, there may be a short interview based on responses below. An interview is not necessarily required but may be used in the decision-making process.

You may use other paper to answer these questions.

ȣȥ Does your school have an alliance club ćGSAĉ‡ àà

ɥȥ If soȥhave you been involved in your schoolfts alliance club‡ Share key detailsȥ

_____

- _____
- _____

ɦȥ Please give years of membership and any responsibilities you have hadȥ

- _____
- _____
- _____

ɧȥ What are alliance club eventsȧactivities in which you participated‡

- _____
- _____
- _____

ʜȥ Have you attendedȧparticipated in a Pride parade or GLYS events‡ Share detailsȥ

- _____
- _____
- _____

ɨ ʐ Have you had a person help you through the coming out process ǂ If soʑ please give first name and how heǒ sheǒ they helped ʐ

- _____
- _____
- _____

ɪ ʐ Have you helped someone when heǒ sheǒ they came out ǂ If soʑ how did you help ǂ

- _____
- _____
- _____

ʝ ʐ Have you been involved in activities outside of school supporting LGBTQ"I persons and causes other than what is shared above ǂ If soʑ give details ʐ

- _____
- _____
- _____

ɬ ʐ How will you support LGBTQ"I people and policies in your life and career aŭ er high school ǂ

- _____
- _____
- _____

ɤɣʐ Identify faculty or staŭ who can confirm any information above ʐ

- _____
- _____

May we have your permission to use your first name and/or school in PFLAG Buffalo/Niagara's newsletter if you receive a scholarship? If you choose not to share, it will not affect your application review. If parent/guardian signature is not feasible, please note and have counselor or reference writer sign with short explanation.

May PFLAG Buŭ aloǒ Niagara use in newsletter: **First Name** Yes No **High School** Yes No

I certify that all information in this submission is accurate.

Printed Name Signature Date

_____

Printed Name Parent or Guardian Signature Date

_____