

Metro East Pride of Southwestern Illinois, Inc. Scholarship Application Instructions

| PURPOSE: | To award | one or more sc | holarships t | o high so | chool | seniors and, | /or commu | ınity coll | lege |
|----------|----------|----------------|--------------|-----------|-------|--------------|-----------|------------|------|
| PURPOSE: | To award | one or more sc | holarships t | o high so | chool | seniors and, | or commu/ | inity coll | leg |

students based on scholastic achievement, community involvement, and leadership*

AMOUNT: \$500.00 each

DATE: Recipient(s) will be announced June 15, 2025

Criteria

Must reside in Illinois in one the following counties: Clinton, Jersey, Madison, Monroe, or St. Clair.

Must be a high school senior or enrolled at a two-year community college/vocational school.

Must be a member of, or have ties to, the LGBTQIA community (family, friends, and allies included).

Must submit a completed Scholarship Application, along with the following documents:

- 1. Letter of recommendation from someone in the community such as a teacher, counselor, principal, pastor, or employer.
- 2. Official copy of school transcript through the most recent grading period/semester.
- 3. Essay not to exceed two typed, single-spaced pages in response to the following prompt:

How can members of the LGBTQIA community and their allies build bridges in times of political uncertainty?

Applications must be submitted in PDF format via email sent to metroeastpride@gmail.com with subject line "SCHOLARSHIP APPLICATION". Send any questions regarding the scholarship to the same email address.

Submission deadline is Saturday, May 31, 2025.

^{*}Metro East Pride will make every effort to award this scholarship(s) but, Metro East Pride reserves the right to suspend or cancel this scholarship opportunity at any time prior to the scholarship(s) recipients being named.



Metro East Pride of Southwestern Illinois, Inc.

Scholarship Application

| chool Phone Number | |
|--------------------------------------|--------------------------------------|
| | |
| chool Phone Number | |
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| | |
| ding year(s): | |
| | |
| | |
| please indicate your place of employ | |
| TRUE AND CORRECT. | |
| Date | |
| | please indicate your place of employ |

Pride Scholarship Applications must be emailed to: metroeastpride@gmail.com with subject line "SCHOLARSHIP APPLICATION" by Saturday, May 31, 2025, with the required documents (see instructions).