



EMORY
UNIVERSITY

Office of
Lesbian/Gay/Bisexual/Transgender Life

October 11, 2008

Dear Student Leader:

It is with great pleasure that the Emory University Gay and Lesbian Alumni (GALA) and the Office of Lesbian, Gay, Bisexual and Transgender Life invite you to apply for the first GALA Leadership Award. This \$2500.00 award will be given to an undergraduate student who actively demonstrates leadership to positively impact the campus environment for gay, lesbian, bisexual, transgender and queer communities.

To apply for this award, you must:

- Be an undergraduate student in good standing at Emory University;
- Plan to be enrolled as an undergraduate student at Emory University for the 2009-2010 academic year;
- Take an active role in positively impacting the campus environment for GLBTQ communities;
- Provide a complete application packet by December 5, 2008.

The \$2500.00 award will be applied to a student's academic related expenses at Emory University for the 2009-2010 academic year.

To apply for this award, please fill out the following application and submit it with your letters of recommendation and official transcript(s) by December 5, 2008 to:

Dr. Michael D. Shutt
246E Dobbs University Center
P.O. Box 24075
Emory University
Atlanta, Georgia 30322

Thank you for your leadership and dedication to the LGBTQ communities at Emory!

Sincerely,

Sharon Semmens

Cleve Shirah

Michael D. Shutt

Sharon Semmens
Co-Chair, GALA

Cleve Shirah
Co-Chair, GALA

Michael D. Shutt
Director, Office of LGBT Life

GALA Leadership Award 2009 Application

Please provide all of the following information completely. Application packets with missing information will not be considered for the award.

Personal Information

Legal Name	
Preferred Name	
Social Security Number	- -
Date of Birth	

Demographic Information

Gender	
Sex	
Race	
Ethnicity	

Contact Information

Address	Local/Campus	Permanent
Street		
Apartment/Room		
City		
State		
Country		
Postal Code		
E-mail		
Telephone		

Academic Information

Major	
College	
Expected Graduation Date	

Awards

Name of Award	Description of Award	Year Received

Essay Questions

Please answer the questions below in 1000 words or less.

Discuss how you have demonstrated leadership to positively impact the Emory University and/or your home community environments for members of the gay, lesbian, bisexual, transgender and queer communities.

Discuss your plan to positively impact the Emory University gay, lesbian, bisexual, transgender and queer communities.

Is there anything else you would like to tell us about that may help us evaluate your application, i.e. personal characteristics, obstacles you have overcome, etc.?

Please submit your completed application with the following information by December 5, 2008:

- _____ 2 letters of support
- _____ Official copy of your Emory University transcript
- _____ Current resume
- _____ GALA Leadership Award Financial AID Information Sheet

Dr. Michael D. Shutt
246E Dobbs University Center
P.O. Box 24075
Emory University
Atlanta, Georgia 30322

GALA Leadership Award Financial AID Information Sheet

Applicant-Please complete and sign Part 1 of this form. After the Emory University Financial Aid Advisor completes Part 2, submit this form with all other required application materials by 12/5/08.

Financial Aid Advisor-Please complete Part 2 and return to the applicant.

PART 1: TO BE COMPLETED BY THE STUDENT. PLEASE COMPLETE PART 1 OF THIS FORM AND FORWARD TO YOUR FINANCIAL AID ADVISOR.

Student Name: _____ Emory Student ID # _____

Phone Number: _____ E-mail: _____

I understand that I am responsible for ensuring that the Office of Financial Aid returns this completed information sheet to me. I authorize the office of Financial Aid to share all required and requested information with the GALA Leadership Award Selection committee. And, I understand that if I am eligible to receive a GALA Leadership Award, the funds will be sent directly to the Office of Financial Aid and applied to my total cost of attendance.

Student Signature: _____ Date: _____

PART 2: TO BE COMPLETED BY THE OFFICE OF FINANCIAL AID. PLEASE COMPLETE FOR THE ACADEMIC YEAR 2008-2009. PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT PRIOR TO THE DECEMBER 5, 2008 DEADLINE.

IMPORTANT: Do not include expenses for the summer term on this worksheet. Provide a dollar value for each field even if it is zero (0).

Cost of Attendance	\$ _____		
(minus) EFC	\$ _____		
(=) Demonstrated Need	\$ _____		
Total Grants/Scholarships	\$ _____	Demonstrated Need	\$ _____
(plus) total Self Help	\$ _____	(minus) Total Financial Aid	\$ _____
(=) Total Financial Aid	\$ _____	(=) Unmet Need	\$ _____

Name of Financial Aid Advisor: _____ E-mail: _____
 Telephone Number: _____

As a financial aid advisor, I understand that GALA applicants' cost of attendance must be made in accordance with federal regulations, and must be consistent with the cost of attendance for Emory University's undergraduate student body. I hereby certify that the information provide on this form is to the best of my knowledge, true and correct.

Financial Aid Advisor Signature: _____ Date: _____