



EMORY  
ALUMNI  
ASSOCIATION

## Emory Gay and Lesbian Alumni

Emory University's Gay and Lesbian Alumni (GALA) Leadership Award was first presented in 2009. The purpose of the GALA Award is to reward and encourage the demonstration of leadership among lesbian, gay, bisexual, transgender (LGBT) and allied undergraduate student populations of Emory.

### To the Candidate

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 GALA Leadership Award. This \$2,500.00 award will be given to an undergraduate student who demonstrates a positive impact on the campus environment for gay, lesbian, bisexual, and transgender 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 2013-2014 academic year;
- Take an active role in positively impacting the campus environment for LGBT communities;

The \$2,500.00 award will be applied to a student's academic related expenses at Emory University for the 2013-2014 academic year. Both experienced and emerging leaders are encouraged to apply. Thank you for your leadership and dedication to the LGBT communities at Emory! Sincerely,

*Sharon Semmens*

Sharon Semmens, Chair Emory GALA Selection Committee

### Directions

To apply for this award, please complete the following by **November 21, 2012**.

- \_\_\_ This application packet
- \_\_\_ 1 letter of reference from an Emory faculty or staff member
- \_\_\_ Copy of your Emory University transcript
- \_\_\_ Current resume
- \_\_\_ An essay (1,000 words or fewer) answering the following question: "Please identify the most urgent challenges faced by the LGBT community at Emory and how you intend to exercise your leadership to meet those challenges."

Once completed, return all material to:

Michael D. Shutt, Ph.D.  
Emory's Office of Lesbian, Gay, Bisexual and Transgender Life  
Dobbs University Center #232 - P.O. Box 24075, Atlanta, Georgia 30322

## GALA Leadership Award - 2013-2014 Application

Please provide all of the following information.

### Personal, Demographic and Contact Information

<b>Name</b>	
<b>Student ID Number</b>	
<b>Date of Birth</b>	
<b>Gender</b>	
<b>Sex</b>	
<b>Race</b>	
<b>Ethnicity</b>	
<b>E-mail</b>	
<b>Telephone</b>	

Selected applicants will be contacted to meet with the selection committee in January.

### Academic Information and Awards

<b>Major</b>		
<b>College</b>		
<b>Expected Graduation Date</b>		
<b>Name of Award</b>	<b>Description of Award</b>	<b>Year Received</b>

### Unpaid Volunteer Work

Organization	Description of Work	Dates

### Paid Employment

Employer	Position	Job Responsibilities	Dates

### Leadership Roles

Organization	Description of Leadership Activities	Dates

# 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 11/21/12.

**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 2013-2014. PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT PRIOR TO THE NOVEMBER 21, 2012 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: \_\_\_\_\_