Emory GALA Leadership Award

September 14, 2015

We are excited to invite you to apply for the 2016-2017 GALA Leadership Award.

GALA, Emory’s LGBT Alumni, first presented its Leadership Award in 2009. The purpose of the award is to reward and encourage leadership among lesbian, gay, bisexual, transgender (LGBT) and allied undergraduate students at Emory. The 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 2016-2017 academic year; and
• Take an active role in positively impacting the campus environment for LGBT communities.

The $5,000 award will be applied to a student’s academic related expenses at Emory University for the 2016-2017 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,

Emory GALA Leadership Award Selection Committee
Emory GALA Leadership Award

Directions
To apply for this award, please complete the following by October 15, 2015.
____ Cover letter with legal name, the name you go by if different than your legal name, and student ID number
____ 1 letter of reference from an Emory faculty or staff member
____ Copy of Emory University transcript
____ Current resume
____ An essay (1,000 words or fewer) with this focus: “Describe a personal life experience that has shaped your past, current and/or planned leadership efforts on behalf of the LGBTQ community.”

Once completed, return all materials to:
Danielle M. Steele
Emory’s Office of Lesbian, Gay, Bisexual and Transgender Life
Dobbs University Center #232 - P.O. Box 24075, Atlanta, GA 30322
OR email to dmsteel@emory.edu
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 10/15/2015.

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 2016-2017. PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT PRIOR TO THE OCTOBER 15, 2015 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 the GALA Leadership Award applicant’s 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 provided on this form is to the best of my knowledge, true and correct.

Financial Aid Advisor Signature: _____________________________ Date: ________________

Questions or concerns can be directed to Danielle M. Steele, Interim Director of the Office of LGBT Life 404-712-9126 or dmsteel@emory.edu.