

NOMO Organization and Kimberly swan

scholarship

Scholarship Application

Application due date:

February 29, 2024

*“To Empower and Embrace strength without judgment.”*

Scholarship 2024

1. DEADLINE for scholarship applications is February 29, 2024.
2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application, please put N/A in the space.
4. Type or print legibly. Illegible applications will not be submitted for further review.
5. You will be notified by email regarding the status of your application.
6. If you have any questions about the application email at zarian@nomononprofit.org.

**PURPOSE** The NOMO Organization and Kimberly Swan Scholarship Fund was established in 2017. The mission of the scholarship is to provide financial assistance to TGNC individuals that are enrolled in Medical, Humanities and Communication majors in community colleges, colleges, universities, and trade schools and programs. Preference will be given to Transgender, Non-binary and Gender Non-conforming students in the state of Georgia.

**FINANCIAL ASSISTANCE** is based on academic performance, leadership potential, and participation in Medical, Humanities and Communication programs including but not limited to volunteer hours of any LGBT Organization.Scholarships are awarded one-time.

***CRITERIA***

* Applicants must be completing or have completed high school/GED classes successfully with a minimum unweighted GPA of 2.5 on a 4.0 scale.
* Applicants must be accepted as a full-time student at a college or university for the upcoming academic semester. If scholarship money is awarded, this is the only program that will receive the funds on behalf of the applicant.
* Applicants must be accepted as an full-time student at a trade school.
* Applicants that do not have a high school diploma/GED can still apply. Must show letter of acceptance to the program they are attending.

***CRITERIA Continued.***

* Applicants must be a citizen or legal permanent resident of the United States.
* Preference will be given to TGNC students who attended high school in the state of Georgia.
* Applicants must complete and submit a Scholarship Application by February 29, 2024**.**

**TIMELINE**

* Applications are due February 29, 2024.
* Candidates selected are required to submit a 2-minute video as to why they should be an recipient of the scholarship. Submit the video to zarian@nomononprofit.org.
* Applicants are notified if awarded a scholarship by June 1.

**Application Process**

**SCHOLARSHIP APPLICANTS MUST PROVIDE:**

* Completed application form.
* Official proof of academic standing.
* If applicable, a letter of academic references from a guidance counselor or teacher.
* If applicable, a letter completed reference from an employer or other community member.
* **Proof of acceptance letter.**

**SCHOLARSHIP AWARDS**

* Awards will be given directly to the school prior to the student starting classes.
* Applicant must provide their student ID, the correct mailing address of their institution and the department where their scholarship check is to be used.
* Award amounts will be distributed after all requirements are met.

**Please email application to:**

**“To Empower and Embrace strength without judgment.”**

**Scholarship Program**

**NOMO Organization and The Kimberly Swan Scholarship**

**Attn: Scholarship**

zarian@nomononprofit.org

Please check one of the following:

New Scholarship applicant\_\_\_\_\_\_\_

Repeat Scholarship Applicant \_\_\_\_\_\_\_\_

**Application 2024-must be filled out by applicant.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please **type on a separate sheet** or **print** your answers below. If application is illegible it will be returned to you. | | | | | | | | |
| 1 | Last Name: | | First Name: | | | | | |
| 2 | Mailing Address:: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: | | | | | | | |
| 3 | Daytime Telephone Number: ( )  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 4 | High School Attended: | | | | | | Number of years attended HS: | |
| 5 | I will be attending the following school in the: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address/ Phone | | | | | | | |
| 6 | What year will you enter school? Freshman Sophomore Junior Senior Graduate Level | | | | | | | |
| 7 | Will you be a full time student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 8 | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Attach proof of GPA; your most recent **official** school transcript required. | | | | | | | |
| 9 | Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_  Home phone of parents or legal guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 10 | . What specialty/major do you plan to major in as you continue your education? | | | | | | | |
| 11 | List the name of any college you have attended | | | | | | | |
|  |  | | | Year  Began | Year  Ended | Year  Graduated | | Type of Degree  Received |
|  | **A.** |  | |  |  |  | |  |
|  | **B.** |  | |  |  |  | |  |

**Please list the following information on a separate sheet if needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| 12 | **SCHOOL EXTRA-CURRICULAR ACTIVITIES:** Please list school extra-curricular activities in which you have participated. Note leadership roles and dates. | | |
| 13 | **AREA OF STUDY:** What do you want to study and why? | | |
| 14 | **ORGANIZATIONS:** Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates. | | |
| 15 | **RECOGNITIONS**: Please list important awards and recognitions received. Note organizations presenting honor and date. | | |
| 16 | **GOALS:** What are the short and long term goals for your life? | | |
| 17 | **NEED:** Please explain your need for the NOMO Organization and The Kimberly Swan Scholarship | | |
| 18 | **CAREER PLANS:** What are your career plans and what would you like to be doing in 10 years? | | |
| 19 | A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.  B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)  C. Circle “YES” or “NO” to be sure you have attached each item as required. | | |
| O | YES | NO | **Two references.** Your references must be emailed to zarian@nomononprofit.org |
| YES | NO | **Proof of college acceptance or current student enrollment.** A letter of college acceptance or program acceptance is required for receipt of funds. |
| YES | NO | **Most recent high school or college transcript**. |
| YES | NO | **Answers to questions 1-19** |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the NOMO Organization is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the “*NOMO Organization and The Kimberly Swan Scholarships*”

I hereby understand that if chosen as a scholarship winner, according to scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The deadline for this application to be received by NOMO Organization is**

**February 29, 2024.**