



GALA
Gay And Lesbian Alliance
of the Central Coast

William Tomasini Scholarship

Guidelines

Established in early 2014, the William Tomasini Scholarship honors business and community leader and former GALA President William Tomasini.

This scholarship is designed to help empower LGBTQ+ students to achieve their full academic and leadership potential and to make a significant and positive impact on their community.

Students who demonstrate leadership, hold a strong academic record, exhibit volunteerism and achievement, and like William, bring beauty to their LGBTQ+ community, will be considered for this scholarship.

Available Scholarships:

Scholarships will be available as long as GALA's William Tomasini Fund is capable of providing them. There is no limit for number of scholarship applicants, and availability will determine distributed funds.

Program Guidelines:

- Seeks graduating seniors with a record of volunteerism in the community (in non-school sponsored activities), and participation in extracurricular school activities.
- Applicants must be graduating high school and plan to attend a college (2 or 4-year) or technical/trade school.
- Applicant must submit one letter of recommendation from an adult 21 years of age or over, describing the character of the applicant and why they should receive funds.
- Scholarship funds will be provided directly to the student. It will be the student's responsibility to use the funds for tuition, books, supplies, and equipment to support their schooling. The use of funds to reimburse money already spent on schooling is also appropriate.
- Applicants must submit proof that they will be attending a 2 or 4-year college or technical/trade school with registration confirmation and/or class schedule.
- The applications will be reviewed and the recipients selected by a committee consisting of GALA board members. Recipients will notified directly of their acceptance.

Applications may be downloaded from the GALA website at www.GALACC.org

Please submit any questions to: Email@galacc.org



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WILLIAM TOMASINI SCHOLARSHIP APPLICATION

Please type your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: () Email Address: _____
4.	Date of Birth: Month Day Year Gender: _____
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.
6.	Are you the first person in your family to go to college: YES ___ NO ___
7.	Name and location of high school attending: _____
8.	(If your resume or activities sheet answers Question 8, please attach and skip to Question 9.) A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored volunteer activities in the community:
9.	A. If you have decided on what college/trade school you will attend, please list school name: B. If not, list your top 3 choices:
10.	List methods you plan to use to pay for college/trade school: _____
11.	Is your <u>parent or legal guardian</u> an employee, current volunteer, or due paying member of GALA? Yes _____ No _____ If your answer is 'yes' please answer blocks A below. If your answer is 'no' go to item 13.)
12.	A. His/her/their first/last name and how long have they been affiliated with GALA: _____



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13.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.)		
	Name(s) :		
	Street:		
	City:	State:	Zip:
	Home phone of parents or legal guardians:		Work phone:

14. On a separate sheet please write an essay (250 - 500 words) answering the questions below:

Who are you and what defines you? What does being a part of the LGBTQIA+ community mean to you? What are your current career goals?

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Tomasini scholarship fund. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

Signature of parent or legal guardian: _____ **Date:** _____