



Indianapolis PFLAG

P.O. Box 502033

Indianapolis, IN 46250

Dina Wakulchik Memorial \$1000 Scholarship Application Form

(All information provided on this form will be treated with confidentiality.)

Please PRINT or TYPE your responses to the following questions. Contact info@indypflag.org for an electronic copy in **Word**.

APPLICANT'S GENERAL INFORMATION

(first name) (MI) (last name)

Address:

(number) (street or RFD) (Apt. #)

(city) (state) (zip)

Preferred phone number: _____ E-mail address: _____

Date of graduation or GED: _____ Date of birth: _____

Are you LGBTQ+?

- Yes
- No

Please answer the following questions:

1. What clubs or extracurricular activities are you or have you been involved with?

2. What institution will you be attending?

3. APPLICANT’S COMMUNITY SERVICE INVOLVEMENT AND/OR EMPLOYMENT HISTORY:

Please briefly describe any community service activities with which you have been involved. Describe only those activities that have been of highest importance to you. You should particularly note any service to the LGBTQ+ community. Be sure to mention any activities in which you played a leadership role.

4. Please describe any achievements or accomplishments of which are you especially proud.

5. What jobs, if any, have you held? Please list both significant volunteer and paid positions:

Employer's name & city	Job Title	Dates of Employment

SIGNATURE

I certify that all of the information provided on this form is true and complete to the best of my knowledge.

Signature _____ Date: _____