



Outstanding Student Leadership Award
Established by the Emory LGBT+ Alumni Endowment Fund

January 15, 2024

We are excited to invite you to apply for the 2024-2025 Outstanding Student Leadership Award Established by the Emory LGBT+ Alumni Endowment Fund.

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, and queer (LGBTQ) 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, transgender, and queer communities. **Both experienced and emerging leaders are encouraged to apply.**

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 2024-2025 academic year; and
- Take an active role in positively impacting the campus environment for LGBTQ communities.

The **\$5,000 award** will be applied to a student's academic related expenses at Emory University for the 2024-2025 academic year. In addition, the awardee will receive a **\$1,000 merit award** from the J. Michael Aycock Leadership Development Fund.

Thank you for your leadership and dedication to the LGBT communities at Emory!

Sincerely,

Outstanding Student Leadership Award Selection Committee, Emory LGBT+ Alumni



Outstanding Student Leadership Award Checklist

Directions

To apply for this award, please complete the following by **February 20, 2024**.

- ☐ Cover letter with your name as it appears in OPUS (preferred or legal) and student ID number
- ☐ Completed Financial Aid Information Sheet (next page)
- ☐ One (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 Bruce-Steele at Danielle.bruce.steele@emory.edu



EMORY

Outstanding Student 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 **2/20/24**.

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 Outstanding Student Leadership Award Selection committee. And, I understand that if I am eligible to receive the 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 2024-2025. PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT PRIOR TO THE **FEBRUARY 20TH 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 Outstanding Student 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 provide 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 Bruce-Steele, Director of the Office of LGBT Life at
Danielle.bruce.steele@emory.edu.