



Indianapolis PFLAG

P.O. Box 502033

Indianapolis, IN 46250

Dina Wakulchik Memorial \$500 Scholarship Application Form

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

APPLICANT'S GENERAL INFORMATION

(first name)

(mi)

(last name)

Address:

(number)

(street)

(apt #)

(city)

(state)

(zip)

Phone number: _____

Date of graduation or GED: _____

E-mail address _____

Date of birth _____

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. Community service involvement: Please briefly describe any community service activities with which you have been involved. Particularly note any service to the LGBTQ community as a straight ally.
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 _____