



Apex Chapter of PFLAG
P.O. Box 399 Apex, NC 27502
www.pflagapex.org

2026 Scholarship Award Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: _____

Pronouns: _____ Email Address: _____

Are we permitted to leave a message at this number referencing PFLAG Apex for this purpose?
If no, we will contact you via the email address provided. _____

How do you identify yourself:

Lesbian Gay Bisexual Transgender Nonbinary Straight ally Other

If you are LGBTQ+, are you “out and open” in the community? _____

If you are LGBTQ+, are your parents/guardians aware of your LGBTQ+ status? _____

If you are LGBTQ+, are your parents/guardians supportive of your LGBTQ+ status? _____

Requirements

Applicants must: (1) Attend an Apex high school or be a resident of Apex, (2) Be a current high school senior intending to complete some type of post-graduate education, and (3) demonstrated service to or a desire to serve the LGBTQ+ community.

Applications will be considered only if **postmarked by April 15, 2026**:

- Completed scholarship application with personal signature
- Your high school or GED transcripts
- Two letters of recommendation
- Release form

The scholarship awards are a reflection of PFLAG's commitment to a world where diversity is celebrated and all people are respected, valued, and affirmed, inclusive of their sexual orientation, gender identity, and gender expression. The Apex Chapter of PFLAG will recognize outstanding individuals who show a high level of involvement within the LGBTQ+ community or a desire to serve the LGBTQ+ community while demonstrating academic success and leadership.

While PFLAG guards the confidentiality of all applicant information, our organization cannot guarantee complete anonymity. All applicants will be notified of the results at the address or phone number indicated on the application. PFLAG Apex wishes to honor your achievements but not violate your privacy or confidences.

Agreement:

I certify that the information in my application is correct to the best of my knowledge and that I have read the above statement.

Signature: _____

Date: _____

Scholarship materials should be mailed to the following address:

PFLAG Apex / Scholarship Committee
P.O. Box 399
Apex, NC 27502

Questions?

Please e-mail pflagapex@gmail.com

Note: Decisions will be made by a selection committee. All applicants will be notified as soon as possible following the application deadline. Recipients will be optionally honored at a meeting of the PFLAG chapter in May or June 2026. Details will follow notification of recipients.

PFLAG Apex

2026 Scholarship Award Application

1) College/University Information

Please list the name of the school you currently attend and the school you plan to attend. If you are undecided on your school, please list the schools to which you have applied. Please include your intended major and/or career field if known.

2) Awards, honors, recognitions

Please list any awards, honors, or recognitions you have received from your school or community:

3) Clubs and extracurriculars

Please list any involvements or leadership roles you have had with clubs or extracurricular activities:

4) Academics

Your high school and/or college transcript is included in this application. Does this academic record reflect your intellectual ability? Please elaborate.

5) Additional Activities

Please list work experiences, school organizations, volunteer activities, hobbies, and interests that you have not referenced in Prompt 3. Please include any leadership positions that you have held.

6) Essay

Your essay should be 500-1000 words and should integrate answers to the following:

How has being an LGTBQ+ student or ally impacted your life? How have your experiences shaped who you are today? What have you done and what will you do to improve the LGBTQ+ community?

Additional Information (Optional)

Please share any additional information that would be relevant in assessing your application.

2026 PFLAG Apex Scholarship Release Form

Please indicate "Grant" or "Do Not Grant" in each line and sign. Whether you grant or deny these permissions, it will not affect the outcome of your application.

On the (day) of (month) (year), I make the following statements of my own free will.

Signature:

Print name:

I to PFLAG Apex permission to approach my school regarding recognition of my scholarship award.

I to PFLAG Apex permission to publish an announcement of my scholarship award in the local news media.

I to PFLAG Apex permission to use my photograph in their publicity releases about my scholarship award.

I to PFLAG Apex permission to use my scholarship essay in an anthology of stories to be compiled for publication and/or for promotion of the scholarship program.

I to PFLAG Apex permission to include my picture and bio in their newsletter or on their website.

Comments:

If you are under 18 years of age, your parent/guardian must sign approving the above responses.

Parent/Guardian Signature:

Print Name:

Date:

Relationship to student:

PFLAG Apex Scholarship Reference Form

PFLAG Apex is part of a national organization of approximately 250,000 members and supporters. Founded in 1972, PFLAG is the first and largest organization for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people and their parents, families, and allies. PFLAG Apex is pleased to offer a scholarship to graduating high school seniors.

You have been given as a reference by:

Reference name:

Reference phone:

Reference email:

How long have you known this student?

What is your relationship to this student?

Would you recommend this student for the PFLAG Apex scholarship and why?

Signature:

Print Name:

Date: