



HELEN AND BOB BRILL Scholarship Application 2025

Through support, education, and advocacy, PFLAG Hartford is helping make our community a healthier, more well-informed, safer, fairer, and happier place for LGBTQ+ people, their families, and their loved ones.

TO BE ELIGIBLE FOR THE BRILL SCHOLARSHIP, AN APPLICANT MUST BE:

- A high school student or high school graduate intending to attend an accredited college, university, or technical institute in Fall 2025 as a freshman
- Identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, etc.) or as an LGBTQ+ Ally
- Reside in Connecticut
- Be active within the LGBTQ+ community, OR actively working on addressing LGBTQ+ social issues within school or in the community
- If still in high school or its equivalent must expect to finish by July 1, 2025 and must have a record sufficient to be accepted by an accredited college, university, or technical institute

NOTE: *Previous PFLAG Hartford Helen and Bob Brill Scholarship recipients are not eligible to reapply.*

Awards must be used toward post high school education and will be sent directly to the institutions.

Judges will take into consideration the candidate's support, education, advocacy, service or activity in the LGBTQ+ community, other interests, the essay, recommendations, and other factors. One scholarship of \$2,500 will be awarded. Judges' decisions are final.

The awardee will be notified in May 2025. The 2025 scholarship awards ceremony will be held on Wednesday, June 18, 2025 at 6:30 pm. The PFLAG Hartford and Helen and Bob Brill Scholarship recipient(s) are expected to attend.

APPLICATIONS DUE NO LATER THAN APRIL 19, 2025, 11:59PM EDT

2025 Scholarship Application

INSTRUCTIONS

Please fill out the form and return as an attachment to scholarship@pflaghartford.org. If you are unable to fill out the form directly, you may print it, complete it, then either scan or photograph the pages. Send the saved file to the same email.

NAME: _____

PRONOUNS: _____

DATE OF BIRTH: _____

COMPLETE MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

HIGH SCHOOL ATTENDING / ATTENDED
(INCLUDING CITY & STATE): _____

EXPECTED DATE OF HIGH SCHOOL COMPLETION
(OR DATE OF COMPLETION IF GRADUATED): _____

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College Attendance

If you are currently attending college or a place of continuing education

NAME SCHOOL: _____

DATE STARTED: _____

If you have accepted an offer of admission to a college or place of continuing education

NAME SCHOOL: _____

If you have not yet selected a college or place of continuing education, please list the name of each school to which you have applied and indicate whether you have been accepted

1. _____ **ACCEPTED**
2. _____ **ACCEPTED**
3. _____ **ACCEPTED**
4. _____ **ACCEPTED**
5. _____ **ACCEPTED**
6. _____ **ACCEPTED**
7. _____ **ACCEPTED**
8. _____ **ACCEPTED**
9. _____ **ACCEPTED**
10. _____ **ACCEPTED**

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WHAT IS YOUR CURRENT INTENDED MAJOR, IF YOU HAVE ONE: _____

LIST ANY HONORS, RECOGNITIONS OR AWARDS FOR SKILLS OR LEADERSHIP WITHIN YOUR SCHOOL AND / OR COMMUNITY THAT YOU HAVE RECEIVED SINCE ENTERING HIGH SCHOOL: _____

LIST ANY ACTIVITIES WITHIN YOUR SCHOOL AND / OR COMMUNITY THAT YOU HAVE BEEN INVOLVED WITH SINCE ENTERING HIGH SCHOOL.

Be sure to include any involvement with social activities and / or social justice issues within the LGBTQ+ community. For each activity, please include your roles, responsibilities, years of involvement, and approximate number of hours invested per semester.

LETTERS OF RECOMMENDATION

The application requires two separate recommendations, one from an Educational Professional (example: principal, teacher, guidance counselor or professor) and one from a Professional who can speak to your commitment to the LGBTQ+ community (example: GSA advisor, PFLAG representative, community leader, etc.).

The instruction page is at the end of the application detailing what is required; print out the instruction page and provide it to those from whom you are requesting a recommendation.

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Instructions for Completing Letters of Recommendation

THANK YOU FOR TAKING THE TIME TO REVIEW THE FOLLOWING GUIDELINES FOR LETTERS OF RECOMMENDATION FOR THE 2025 PFLAG HARTFORD AND HELEN AND BOB BRILL SCHOLARSHIP.

APPLICANTS ARE REQUIRED TO SUBMIT TWO SEPARATE RECOMMENDATIONS FROM THE CURRENT (2024-25) SCHOOL YEAR:

- One should be from an Educational Professional (examples: principal, teacher, guidance counselor, professor, etc.)
- One should be from a Professional who can speak to the applicants commitment to the LGBTQ+ community (example: GSA advisor, PFLAG representative, community leader, etc.)

IN PREPARING YOUR LETTER, PLEASE INCLUDE THE FOLLOWING INFORMATION, IF RELEVANT:

- Your name and your relationship to the applicant
- Length of time and capacity in which you have known the applicant
- Your assessment of the applicants ability to succeed in the higher education program of their choice
- Your knowledge of the applicant's service, leadership, impact, and/or commitment to the LGBTQ+ community
- Why you support the applicant and believe they deserve to be a recipient of the 2025 PFLAG Hartford and Helen and Bob Brill Scholarship
- Please provide a telephone number and email at which we can reach you should we have further questions

Send your letter as an attachment to scholarship@pflaghartford.org & please include the student's name in the subject line of the email.

For the applicant to be considered for the scholarship, we much receive your letter no later than April 19, 2025, 11:59pm EDT. No exceptions will be made, and incomplete applications will be automatically disqualified. We thank you for your assistance in this process and for your support of the applicant.