



Hon. Rick DeFuria Scholarship Application

In memory of the Honorable Rick DeFuria, ALSO Youth is proud to offer the Rick DeFuria Enrichment Scholarship for a regularly-attending ALSO Youth participant. This scholarship of up to \$1,500, is to support the self-development of our regular program participants in order to help fund enrichment pursuits like creative writing lessons, piano lessons, art classes...anything that helps a young LGBTQ+ person develop themselves.

The goal of this scholarship is to honor Rick's belief in investing in the whole person, rather than just for sole academic purposes: sometimes experiences outside the regular classroom/lecture hall are the most important for one's self-development.

Minimum Eligibility:

Applicants must meet the following criteria:

- LGBTQ+ ALSO youth from 10-24 as of August 1st of the year of application that attends regular programming (virtually or in-person)
- A resident of Sarasota or Manatee County (valid government ID must list address within either county)
- Demonstrate proof of financial obstacle that would otherwise block participation in the activity
- Not a relative of an ALSO Youth Employee

Hon. Rick De Furia Enrichment/Development Scholarship Details:

- Up to \$1500 in a one-time payment
- ALSO Youth that regularly participates in ALSO Youth programming (could be virtual or in-person, minimum attendance of one program per month)
- The program must support personal growth (creativity, leadership, career exploration, skill development...

Application Procedure:

- All application materials must be submitted to ALSO Youth by October 25th, 2026
- All application materials, including program info and recommendation letter, must be included. If submitting physically or by email, combine into one email or envelope.

Application Submission:

Materials can be submitted via **Google Form** or printed and emailed, or physically delivered (scheduled drop-off or mailed)

- Email submission: ed@alsoyouth.org
- Mail or drop-off: ALSO Youth c/o Scholarship Committee, 2195 Ringling Blvd., Sarasota, FL 34237

Scholarship Timeline:

Sept. 12: Scholarship officially launches

Sept. 12–Oct. 25: Applications open

Oct. 26–Nov. 8: Scholarship Committee reviews applications

Early/mid-November: Select recipient and notify donor

Mid-November: Recipient notified followed by public announcement

How Scholarship Funds Are Paid

Hon. Rick DeFuria Enrichment Scholarship funds are paid directly by ALSO Youth to the organization, program, facility, or other approved provider offering the experience for which funding was requested. Scholarship funds are not paid directly to recipients or families.

Applicants may be asked to provide registration, enrollment, invoice, or payment information before funds are issued.

* Indicates required question

Applicant Information

Used to determine eligibility and contact info.

1. Are you an active participant in ALSO Youth? (Attended Programs in the last 12 months) *

Mark only one oval.

☐ Yes

☐ No (If no, you are not eligible to apply and your application will be disqualified.)

2. Full Legal Name *

3. Preferred Name *

4. Pronouns *

5. Date of Birth *

Example: January 7, 2019

6. Phone *

7. If Under 18, Parent / Guardian Name *

8. If Under 18, Parent / Guardian Phone *

9. If Under 18, Parent/ Guardian Email *

10. Mailing Address *

11. Current School, Employer, & Non ALSO Youth Activities You Participate In (If any) *

12. What ALSO Youth Programs Do You Participate In? *

Check all that apply.

- ☐ ALSO JR.
- ☐ Young Adult Night / Adulthood 101
- ☐ Friday Night HangOUT
- ☐ Support Groups
- ☐ Prom
- ☐ Special Events
- ☐ Arts
- ☐ Other: _____

Enrichment Activity Information

Specific details about the Program or Enrichment Activity for which you are applying.

13. Name of Program or Enrichment Activity *

14. "Field of Study" (Example: Guitar Lessons, Dance Class, Acting Workshop) *

15. Program / School / Institution Name *

16. Program / School / Institution Website *

17. Program Date(s) and/or Number of Sessions / Duration *

18. Estimated Total Cost of Activity or Program (Tuition, Costumes, Equipment, Tools, etc.) *

19. Total of Your Request (Up to \$1,500) *

20. Supporting Documentation — Include Cost of Activity (Examples: Flyer, Printed Website Info, etc.) **If emailing your response, please attach to submission.* *

Files submitted:

Who You Are & Why It Matters To You

Help us understand more about you and what this scholarship would mean to you.

21. In 300–400 words, tell us about your goal and why it matters to you. What do you hope to learn, experience, accomplish, or become through this opportunity? What would receiving the Hon. Rick DeFuria Enrichment Scholarship make possible for you? *

22. Please provide any additional financial details that would help the Scholarship Committee understand your request. This may include the total cost of the program or experience, the amount you are requesting from this scholarship, any amount you or your family are able to contribute, and any other funding you have secured or applied for (such as grants, scholarships, financial aid, or employer support). *

23. Provide one reference: a teacher, counselor, employer, mentor, or program staff member who can speak to your goals and character. A short letter or note from them may be attached. **If emailing your response, please attach to submission.* *

Files submitted:

Acknowledgments

24. I certify that the information in this application is true and complete to the best of my knowledge. *

Check all that apply.

☐ Yes

25. I understand that Hon. Rick DeFuria Enrichment Scholarship funds are paid directly by ALSO Youth to the organization, program, facility, or other approved provider offering the experience for which funding was requested. Scholarship funds are not paid directly to recipients or families. If selected, I may be asked to provide registration, enrollment, invoice, or other information needed for ALSO Youth to issue payment. *

Check all that apply.

☐ Yes

26. I understand that ALSO Youth provides scholarship funding only and does not operate, supervise, or control the program, activity, organization, or provider I select. Participation is subject to the policies, requirements, and risks of the selected provider. *

Check all that apply.

☐ Yes

27. If selected, I understand that I may be asked to provide a brief update about my experience and how the scholarship helped me pursue my goal. *

Check all that apply.

☐ Yes

28. **Applicant Signature** *

By typing your full name below, you are electronically signing this application and confirming the statements above.

29. **Parent/Guardian Signature — Required for Applicants Under 18**

*

If the applicant is under 18, a parent or legal guardian must also type their full name below to acknowledge and approve the application.
