SACRAMENTO COUNTY LGBTQ Caucus

# Beverly Kearney-Ybarra Memorial Scholarship Application 2026.

**Student's Name:** _____
Last First Middle Initial

**Address:** _____
Street Apt.

_____
City County State Zip Code

**Mailing Address: (If Different)** _____
Street Apt.

_____
City County State Zip Code

**E-Mail Address:** _____

**Telephone Number:** ( ) _____
Is it okay to leave messages on this number? ☐ Yes ☐ No

**Cell Phone Number:** ( ) _____
Is it okay to leave messages on this number? ☐ Yes ☐ No

**Date of Birth:** _____ / / _____
Month/Day/Year

**Ethnicity (Optional):** _____

**Gender Identity:** _____

**Pronouns:** _____

**Parent/Guardian Name(s): (if under age 18 on May 7, 2026)** _____
Last First Middle Initial

_____
Last First Middle Initial

**Mailing Address: (If Different)** _____
Street Apt.

_____
City County State Zip Code

**Telephone Number:** ( ) _____

**Do you identify as a member of the LGBTQ+ community?** ☐ Yes ☐ No

**If yes, are you out and open in the community?** ☐ Yes ☐ No

**Are you out and open with your parents (if under age 18 on May 7, 2026)?** ☐ Yes ☐ No

School Name: _____

Address: _____
Street

_____
City State Zip Code

Counselor's Name: _____

Telephone Number: ( ) _____

Graduation Date: _____

Cumulative Grade Point Average (G.P.A.): _____

√ **Must Include Transcripts with Application**

College / University / Trade School
Currently or Planning to Attend: _____

Have you been accepted? ☐ **Yes** ☐ **No**

Major/Course of Study: _____

Address: _____
Street

_____
City State Zip Code

√ **Must Include Acceptance Letter or Proof of Enrollment with Application**

**NON-RELATIVE REFERENCES:**

**(1) Name:** _____

**Relationship:** _____

**Telephone Number:** **( )** _____

**How long have you known this person?** _____ **Years** _____ **Months**

**(2) Name:** _____

**Relationship:** _____

**Telephone Number:** **( )** _____

**How long have you known this person?** _____ **Years** _____ **Months**

√ **Must Include a Letter of Recommendation from Each Non-Relative Reference with Application**

**PLEASE BRIEFLY LIST IN ORDER OF IMPORTANCE YOUR ACHIEVEMENTS AND ACTIVITIES:**
For Example: School Activities /Community Involvement /Work Experience (Attach Additional Pages If Needed)

1) _____

2) _____

3) _____

## PERSONAL STATEMENT – Choose one prompt for your essay

1. Looking ahead, what change do you hope to see for LGBTQ communities over the next decade, and how do you envision contributing to that change through your education, career, and/or community involvement?

2. What LGBTQ-related issue do you believe deserves greater attention at the local or state level, and how would access to education and resources help address it?

Essays must be typed. All essays must be 1,500 words or more, double-spaced, 12 pt font, with one-inch margins all around. Applicants may submit additional multi-media/artistic expression pieces as well.

√ **Must Include a Typed Essay with Application**

**COMPLETED APPLICATION MUST BE RECEIVED VIA USPS or EMAIL BY**
**5:00 PM ON March 20, 2026**
(typed names may serve as signature for application process – actual signatures will be obtained at a later date)

**MAIL To: LGBTQ Caucus**
**Attn: Damion Harriman**
**4450 East Commerce Way**
**Sacramento, CA 95834**
**EMAIL TO: LGBTQCaucus@saccounty.gov**
**Subject line: Scholarship application**

**I have read and understand the rules that apply to completing this form. This form has been examined by me and, to the best of my knowledge and belief is true, correct, and complete. I furthermore agree to the terms and conditions that bind this scholarship program.**
**Also I, _____ ☐ consent / ☐ do not consent to having my name, photograph, Image, and or quotes used for publication in newsletters, annual reports, videos, Internet web page, and presentation displays by Sacramento County's Department of Human Assistance. I understand that members of the general public may see my picture/image.**

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if under age 18 on May 7, 2026)

# CHECK LIST

**Please Check Each Box to Validate the Accurate Completion of Your Application:**

☐ Read the Coversheet for Scholarship Program Rules

☐ Transcripts must be received before check issuance

☐ Two Letters of Recommendation if available
(Letters from any non-relative stating your positive aspects, such as leadership, community involvement, school activities/achievements).

☐ Acceptance Letter or Proof of Enrollment or Proof of Application from the College you are Scheduled to Attend
**(If chosen for a scholarship, a check will not be issued until proof of acceptance is provided).**

☐ Completed and Attached Typed 1,500-Word Essay

☐ Signed Application

☐ Parent/Guardian(s) Signed Application if Applicant is Under 18 on **May 7, 2026**

☐ All Questions on the Form were Answered (no answers were left blank)

☐ Application emailed by 5:00 PM **March 20, 2026**

# *GOOD LUCK!*