

**THE BEE WINKLER WEINSTEIN FUND
STONEWALL COMMUNITY FOUNDATION**

-APPLICATION FORM-

The Bee Winkler Weinstein Fund benefits lesbian, bisexual women, and female identified transgender individuals, ages 18-25, whose own families have withdrawn emotional and/or financial support because of their sexual and/or gender identity. It promotes growth and self-sufficiency in young women by providing grants covering vocational/technical training, licensing fees, college application fees and the like.

Note: The Fund DOES NOT cover college expenses such as tuition, books, supplies, and/or equipment.

Applicants must reside within the United States.

APPLICANT'S INFORMATION

Name: _____

Permanent Address: _____

Phone: _____ Fax: _____

E-mail: _____

Date of Birth: _____

Lesbian Bisexual Woman Female Identified Transgender Individual

Highest Level/Grade of Formal Education Completed: _____

How did you hear about Bee's Fund? _____

Fiscal Agent Information

Bee's Fund does not issue checks to individuals. You must identify an agency, school or other appropriate 501(c)(3) charitable organization willing to accept a payment from Bee's Fund on your behalf.

Name/Title: _____

Agency Name: _____

Address: _____

Relationship to Applicant: _____

Phone: _____ Fax: _____

E-mail: _____

I am requesting financial assistance for the following:

NOTE: THE FUND DOES NOT COVER COLLEGE EXPENSES SUCH AS TUITION BOOKS, SUPPLIES, AND/OR EQUIPMENT.

(PLEASE ATTACH TO YOUR APPLICATION A COPY OF ANY WRITTEN ESTIMATES, INVOICES, PROMOTIONAL BROCHURES OR OTHER MATERIELS THAT VERIFY AN EXPENSE LISTED BELOW.)

- 1. Licensing/Testing Fees: \$ _____
- 2. College/Program Application Fees*: \$ _____
- 3. Vocational/Technical Training Programs*: \$ _____
- 4. Other (please describe):
_____ \$ _____

Total amount requested: \$ _____

College application fees are the ONLY academic expense covered by the Fund.

LICENSING, SCHOOL, VOCATIONAL/TECHNICAL TRAINING INFORMATION

Name: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Start or Testing Date: _____

Description of the program or training:

For Requests of \$500—or more.

Please provide a letter of recommendation if your request is for a dollar amount of \$500 or more. Who should provide your letter of reference? Good examples include, teachers, advisors, youth agency counselors, Ministers. The individual should not be a family member or friend. The letter needs to be on their organization’s letterhead and it must be signed.

To be completed by the applicant:

Please attach a statement that tells us something about yourself and your goals for the future. What do you hope to accomplish and how will the requested grant help to get you there? What are your strengths? How have you discovered them?

Statement of Understanding:

I attest that I lack emotional and/or financial support from my family because of my sexual orientation and/or gender identity, and that the information provided in this application to the Bee Winkler Weinstein Fund is accurate and truthful. I give the Bee Winkler Weinstein Fund, the grant committee it appoints and Stonewall Community Foundation permission to verify all information included on this form and in the letter of reference (if applicable). Inaccurate or misleading information will result in forfeit of grant.

Signature of Applicant

Date

Completed applications should be mailed or e-mailed to:

Bee’s Fund
Stonewall Community Foundation
119 West 24th Street
New York, NY 10011-1995

stonewall@stonewallfoundation.org

212.367.1155