



~~~ Marianna Taylor Bio ~~~

Marianna Taylor was one of the most generous and loving people you will ever meet. Mari was an active Fort Worth community member for many years. People remember her most for her smile, for her fantastic party planning abilities, for being the "door girl" for so many years at Best Friends Club, for her beautiful voice that was used to raise thousands of dollars for various organizations within our community, her dedication to TGRA and her love for her friends and community.

She touched so many people with her uplifting spirit, smile and laugh. Mari was a graduate of Baylor University and an elementary school teacher for 15 years. She believed that literacy was paramount for children and people to succeed in life. Because of that belief, she started working for the Women's Center of Tarrant County in the summer of 2008 and served as their Literacy Program Coordinator until she was unable to continue working in 2012. She worked with adults, children, tutors, and others. She had an undying belief in people, whether it was in the LGBTQ community or the people she worked with at the Women's Center.

Marí became actively involved in the TGRA and rodeo community in 2009. She held several titles, and spent countless hours raising money, singing, cooking, and doing whatever she could to help and support numerous organizations. Even while battling ovarian cancer and attending chemotherapy sessions, she would make ribbons and blankets to encourage others going through the same battle and continue to do shows and fundraise for her community. She was an angel and when she died in 2013, her loss was felt throughout the Fort Worth Community, United States and Canada Rodeo Circuit. Mari will never be forgotten by those who knew and loved her and she will always be considered an icon in the Fort Worth and Dallas LGBT community.

### Dear Applicant:

Attached you will find the application for The Marianna Taylor Memorial Scholarship (MTMS) of The Imperial Court de' Fort Worth/Arlington (ICFWA). It is important that the application is filled out honestly and completely, so that both your financial needs and civic/community contributions can be evaluated fairly.

To be eligible for The Marianna Taylor Memorial Scholarship award, the candidate must:

- Be a United States citizen or permanent resident of the United States and a resident of Tarrant, Hood, Parker, Wise, Denton, Erath, Palo Pinto, Somervell or Johnson counties for the past year-365 days.
- Demonstrate financial need.
- Furnish evidence of community involvement (i.e. school, church, civic, GLBT, etc.)
- Be admitted and enrolled in an institution of higher learning or attending an accredited technical or vocational school and have a cumulative grade point average (GPA) of 3.0, or high school diploma/GED. Please provide a current high school or GED and/or college transcript, Letter of Acceptance.

Attach two (2) letters of recommendation from individuals who know of your ability to be successful in your chosen field of study and community involvement. Relatives cannot submit these letters. (*Applicants are encouraged to seek one recommendation from outside of their educa-tional institution*).

REMINDERS: All requirements above must be met and all attachments must accompany application or you will not be considered. <u>Please ensure your name appears on the top right corner</u> <u>of all application pages submitted. Unmarked pages will not be considered</u>. Do not submit a photo, unless it is related to a project.

Completed applications (pages 3-5) for an award of the Marianna Taylor Memorial Scholarship **MUST be mailed or emailed by December 31, 2019 to:** 

**The Marianna Taylor Memorial Scholarship** Attn: Scholarship Selection Committee P.O. Box 365

Fort Worth, Texas 76101 scholarship@icfwa.org

A scholarship committee comprised of members the Board of Directors of the Imperial Court de' Fort Worth/Arlington will review all applications. If you are selected to receive a scholarship, your award will be disbursed directly to the educational institution of your choice or in certain circumstances directly to the recipient and should only be used for tuition and/or books.

Recipients will be contacted no later than 45 days after the application deadline. All recipient applications are retained for MTMS tax purposes, and all other applications are destroyed after judging.

Recipients of scholarships will be receiving their awards within 45 days and acknowledged at our annual Coronation, held in March of each year. All award winners will be posted on the official website and announced at an ICFWA event. Additional details will be provided to recipients as they become available.

For further information, please contact Jeff or Todd Cooper-Dalton at 682-551-4196 or 682-551-4374, or email your information request to scholarship application <u>cooper2976@yahoo.com</u> or <u>scholarship@icfwa.org</u>

### **Application**

The Marianna Taylor Memorial Scholarship is an outreach program of the Imperial Court de' Fort Worth/Arlington.; a straight / gay / lesbian / transgender social service organization founded in 1978 in Fort Worth, Texas. Marianna Taylor was involved in various aspects of the Lesbian, Gay, Bi-Sexual, and Transgendered Community for over 25 year giving most of her time volunteering for the community and leading tutoring programs within the LGBT Community. The Marianna Taylor Memorial Scholarship in no way discriminates against anyone on the basis of race, religion, creed, national origin, age, gender, or sexual orientation.

| To: Marianna Taylor<br>Memorial Scholarship<br>Attn: Scholarship Selection Com<br>P.O. Box 365<br>Fort Worth, Texas 76101<br>scholarship@icfwa.org | mittee                 |               |          |     |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|----------|-----|--|--|--|
| Name:                                                                                                                                              |                        | <b>F</b> irst | <u>-</u> | NAT |  |  |  |
| Last                                                                                                                                               |                        | First         |          | MI  |  |  |  |
| City/State/Zip:                                                                                                                                    |                        |               |          |     |  |  |  |
| Home Phone:                                                                                                                                        | ome Phone: Work Phone: |               |          |     |  |  |  |
| <b>Dependents living with you</b> ? If Y                                                                                                           | es, how many           | No:           |          |     |  |  |  |
| List Name/Relationship/Age:                                                                                                                        |                        |               |          |     |  |  |  |
|                                                                                                                                                    |                        |               |          |     |  |  |  |
| Currently Employed? Yes:                                                                                                                           | Full Time:             | Part Time     | No:      |     |  |  |  |
| Employer:                                                                                                                                          |                        |               |          |     |  |  |  |
| Supervisor:                                                                                                                                        |                        |               |          |     |  |  |  |
| Address:                                                                                                                                           |                        |               |          |     |  |  |  |
| Email Address:                                                                                                                                     |                        |               |          |     |  |  |  |
| Phone:                                                                                                                                             |                        |               |          |     |  |  |  |

#### Expenses:

| Do you?          | Rent                                          | _Own               | _Board                | _ Live Parents             |
|------------------|-----------------------------------------------|--------------------|-----------------------|----------------------------|
| Amount           | paid for above: \$                            |                    |                       | Monthly                    |
| Are ther cation? | e any other financial                         | expenses that you  | ı want us to consider | when reviewing your appli- |
|                  |                                               |                    |                       |                            |
| Educat           | ion:                                          |                    |                       |                            |
|                  | hool: Date of Graduat<br>attended (include cu |                    |                       | rsity/Technical/Vocational |
| Name Ci          | ity/State Date(s) a                           | uttended           |                       |                            |
|                  |                                               |                    |                       |                            |
|                  |                                               |                    |                       |                            |
|                  |                                               |                    |                       |                            |
| Degree:          | Educational instituti                         | on that you are pl | anning to attend:     |                            |
| _                | or course of study tha                        |                    |                       |                            |
| Semeste          | r you intend to use so                        | cholarship:        |                       |                            |
| Amount           | Requested (\$)                                |                    |                       |                            |
| Full time        | e (12 credit hours or 1                       | nore)              | Part time (unde       | r 12 credit hours)         |

### Questionnaire:

Please use additional paper if necessary to answer the following questions. Also include any item that might enhance your consideration for this scholarship.

1) Please describe, in detail, your community/civic/volunteer activities you have been involved with during the last year.

2) State your educational goals as well as your goals after receiving your degree/ training:

3) Please list and describe any special awards or recognition that you have received within the past five years:

4) Please tell us something unique about yourself and why you feel you should be a recipient of a Marianna Taylor Memorial Scholarship:

5) Please add your response to this essay question:

It's the year 2030. What is the accomplishment that you are most proud of? Why is this accomplishment significant to you, and most importantly, what process did you use over the past ten years to achieve it? *Please, limit your response to 300 words*.

6) Where did you hear or learn about The Marianna Taylor Memorial Scholarship?

### **Application Consent and Release**

By signing this application, I authorize the Marianna Taylor Memorial Scholarship (MTMS) Committee to verify any/all information provided herein. I understand that if I receive a Scholarship I must maintain standards of Academic Progress. I also understand that any disbursement will be paid directly to the school of my choosing or in certain instance directly to the recipient and may only be applied to tuition and/or books. I further verify that the foregoing information is correct and accurate to the best of my knowledge.

A completed application and all necessary attachments are required to be eligible to receive scholarship consideration.

Due consideration, receipt of which is hereby acknowledged, I do hereby irrevocably and in perpetuity grant to the Marianna Taylor Memorial Scholarship and each of its affiliates, and their respective employees, directors, officers, agents, and representatives, licensees, designers, successors and assign (collectively, the "MTMS") the absolute right and permission to use, copy, modify, edit, publish, broadcast, and copyright my own name or fictitious name, likeness, photographs(s), voice recording(s), quoted remark(s), biographical data and/or any material based upon or derived there from, or to refrain from so doing, in any manner and by all media, means, or technologies now known or hereafter known anywhere in the world for purposes of advertising, trade, display, exhibition, editorial use, or any other lawful purpose whatsoever, without restriction as to use or frequency of use. I hereby waive any right of consultation, inspection or approval that I may have with respect to the finished product of use.

I agree that all materials created hereunder by the MTMS shall become and remain the sole and absolute property of the MTMS.

I hereby release and agree to hold the MTMS harmless from any and all liability and claims of any nature whatsoever, including, without limitation, claims based upon invasion of privacy, defamation or right of publicity, arising out of or relating to any use (including use in composite form) of my name, likeness, photograph(s), voice recording(s), quoted remark(s) or biographical data, or any distortion, alteration, optical illusion, or faulty reproduction which may occur in the development, dissemination or use of my name, likeness, photograph(s), voice recording(s), quoted remark(s) or biographical data, where or not intentional.

I affirm that I am 18 years of age, or the parent or guardian of the minor applicant. I acknowledge that I have carefully read this document and fully understand its contents. My signature below represents my acceptance of the terms hereof.

| Signature of | of appl | licant: |  |
|--------------|---------|---------|--|
|              |         |         |  |

Date: \_\_\_\_\_

Signature of Parent or Guardian (If under Age 18):\_\_\_\_\_

Date: \_\_\_\_\_