



THE ROYAL COURT OF THE GOLDEN SPIKE EMPIRE SCHOLARSHIP FUND



Application for Financial Assistance

(Revised July 2025)

The Drive of the Spike Scholarship fund was founded in 1996 by Emperor XX Peter Christie and Empress XX Sheneka Christie, and is available to members of the LGBT community, or their children, who reside in the state of Utah. Applicants must be pursuing their education through the secondary level and beyond and require financial assistance.

Eligibility Criteria

1. Must be a resident of the State of Utah for at least one year
2. Be in demonstrated need of financial assistance
3. Must be pursuing an education beyond the secondary level in one or more of the following areas
 - a. College / University
 - b. Trade / Vocational
 - c. The Arts
4. Be applying for, accepted for enrollment, or enrolled in an accredited educational program beyond the secondary level within the State of Utah
5. Be enrolled in or attending school by May of the following year
6. Scholarships are given out in May of Each Year
7. Evidence the potential to successfully complete the selected program of study.

Method of Selection

A Scholarship Review Committee will review the applications of each candidate. Recipients of the scholarships will be chosen from the applicants who demonstrate the necessary eligibility. Personal interviews may be arranged for application finalists if deemed necessary. The number of scholarships awarded, and the amounts of those scholarships will be based on available funding, as well as, the number of submitted, eligible applications. Not all applicants are guaranteed to be awarded a scholarship.

Applications will only be accepted from February to May of each year. The deadline for scholarship application submission will be chosen by the Scholarship Review Committee each year.

This year's application submission deadline will be: MAY 14, 2026

Applying for The Drive of the Spike Scholarship Fund

To apply for The Drive of the Spike Scholarship Fund, click on the link below to open the application. It is a fillable document so you can download it and enter everything directly into the form. From there you can save the form and email it to scholarships@rcgse.org or you can print the form and bring it to a General Membership or Board Meeting. You can also mail the application to the following address:

Royal Court of the Golden Spike Empire

Attn: Scholarship Application

P.O. Box 521126

Salt Lake City, UT 84152

APPLICANT INFORMATION

APPLICATION NUMBER _____

Name: _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

How long have you lived in the state of Utah? _____

EDUCATION INFORMATION

Which accredited program (College / University / Trade / Vocational / Arts) have you applied for or are applying to, been accepted for enrollment or are currently enrolled in?

Enrollment Status:

Full Time Part Time Student ID #: _____ Current G.P.A. _____

Area of Study: _____

Which do you currently hold? (Check all that apply)

High School Diploma ----- YES NO

General Education Degree (GED)----- YES NO

Other Degree (s) ----- YES NO If Yes, please list other degrees below

<u>Name of Degree</u>	<u>Graduating Institution</u>	<u>Degree Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL EDUCATION INFORMATION

List any activities or Volunteer work experience that you feel are important:

List any awards or honors you have received:

List any specialized training. Courses, workshops, etc.. you have completed:

List your aspirations and goals that you would like to accomplish once your education is complete:

STATEMENT OF FINANCIAL NEED

Please list your anticipated financial need for your schooling:

Total cost for schooling: \$ _____ During the next academic period \$ _____

Which period do you anticipate the need for financial aid?

FROM: _____ / _____ THROUGH: _____ / _____
 (Month) (Year) (Month) (Year)

List other scholarships / loans you have applied for and / or received for the above time period:

List other scholarships / loans you have previously received:

Are you currently employed? Full Time Part Time Number of hours per week: _____

Employer Name: _____ Length of Employment? _____

Do you plan to work during the above time period? YES NO

ANTICIPATED INCOME FOR AID PERIOD		ANTICIPATED EXPENSES FOR AID PERIOD	
Employment		Tuition / Fees	
Savings		Books / Supplies	
Scholarships		Living Expenses	
Loans		Medical / Dental	
Parents / Partner		Insurance	
Other		Other	
Other		Other	
TOTAL		TOTAL	

ADDITIONAL INFORMATION

Please provide the following Financial Aid Office information. If approved, we will send the check directly to the College / University / Trade / Vocational / Arts school you are attending.

Institution Name: _____ Student ID #: _____

Financial Aid Office Information:

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

ADDITIONAL ATTACHMENTS

On an attached sheet, please provide any additional information about you that you feel would aid the Scholarship Review Committee in evaluating your request for financial consideration. We recommend that you also submit references, transcripts, copies of personal or parents tax returns, etc. The more information you provide, you increase your chances of receiving a scholarship.

*****ALL SUBMITTED INFORMATION WILL BE HELD IN STRICT CONFIDENTIALITY AND NOT SHARED WITH ANYONE OUTSIDE OF THE SCHOLARSHIP REVIEW COMMITTEE.*****

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

I have read and understand the criteria of eligibility and the method of selection regarding the RCGSE Drive of the Spike Scholarship Fund. I understand that if I am a recipient of this scholarship, my name may be published in local gay news publications and could be announced at events publicizing the scholarship and the award winners. If you would prefer not to have your name publicized, please check the box below. Checking the box below will not affect the Scholarship Review Committees decision.

I do not wish to have my name publicized, should I be selected to receive this scholarship

Applicant Signature: _____ Date: _____

RCGSE FUND ADMINISTRATOR APPROVAL

APPLICATION NUMBER _____

Applicant Name: _____

Date presented for approval: _____

Was application approved? YES NO

If NO Reason for denial: _____

If YES Date Approved: _____ Amount of Scholarship: _____

SIGNATURES

I acknowledge that this application has been reviewed and approved by the Scholarship Review Committee, as well as, given to the Treasurer for payment on the below date.

President of the Board of Directors

Printed Name Signature Date

Reigning Emperor or Empress.

Printed Name Signature Date

Additional Member of Scholarship Review Committee.

Printed Name Signature Date

PAYMENT INFORMATION

Date checks written: _____ Date checks sent to creditors: _____

Treasurer

Printed Name Signature Date