Pueblo Juneteenth 2014 Scholarship Application

Name	Phone #		
Home Address	City	State	Zip
Mailing Address	City	State	Zip
Name of High School			
(Copy of Transcript is Required, Minim			
Signature of Parent/Guardian			
In your own words, what is the form and the length should be approxi	•	•	
Tell us about yourself. (If additiona	al space is needed,	please continue on sepa	rate sheet.)
What are your long-term goals?	(If additional space	e is needed, please conti	nue on separate sheet.)
Community Service that you pa	rticipate in:		
Awards you have received:			
NOTE: Scholarship awardee must pres the beginning of the school year. Scho		•	•
An independent panel of judges will c Committee <u>DEADLINE - ALL APPLICATIO</u>			



Juneteenth Organization of Pueblo, Inc.

P.O. Box 2335 • Pueblo, Colorado 81005

For information call: Charlotte Whitney (719) 248-2539, Lisa Arellano (719) 334-9999 or Email: scholarship@pueblojuneteenth.org

Online: www.pueblojuneteenth.org