

APPLICATION FOR
SHINING STAR SCHOLARSHIP FUND 2011

NAME: _____

ADDRESS: _____

CITY _____

STATE _____ ZIP _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

CURRENT SCHOOL AND ADDRESS:

PLACE OF EMPLOYMENT:

*Attach additional sheet(s) if necessary

PLEASE DESCRIBE YOUR:

*VOLUNTEER OR COMMUNITY SERVICE

*EXTRACURRICULAR ACTIVITIES:

***IS THERE ANYTHING ELSE YOU'D LIKE US TO CONSIDER?**

Thank you! We are very excited to have you apply for this scholarship. Please return all completed materials before the deadline of **APRIL 30th** to:

**LGBT Coalition Scholarship Committee
P.O. Box 1373, Northampton, MA. 01061**

or :

CoalitionScholarships@gmail.com

Any questions should be submitted to the above address.