



# OREGON LATINO

agenda for action

## Youth Scholarship Application - 2012 Summit

### Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Phone Number	
E-Mail Address	
Age	
School or Affiliation	

### Volunteer Interests

If accepted as a scholarship recipient, OLAA would like you share with your network(s) about OLAA activities during the Summit. Please sign up for at least one form of social media.

- Blogging
- Twitter (@olaaction)
- Facebook (Like Oregon Latino Agenda for Action)
- Other: \_\_\_\_\_

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	
<b>PARENT SIGNATURE</b> (a parent/guardian must sign <b>if</b> participant is <b>under age 18</b> )	

## Send to

Email this form to [olaaction@gmail.com](mailto:olaaction@gmail.com) by September 22, 2012. Use subject line, "YOUTH SCHOLARSHIP APPLICATION."

Scholarships are limited, so we recommend sending your application before the due date.

## Our Policy

It is the policy of this OLAA to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age (of youth), or disability.

Thank you for completing this application form and for your interest in the youth scholarship fund. You will be contacted shortly regarding your application status.