

## **Scholarship Application**

Summit your application by email or fax by <u>January 8<sup>th</sup>, 2010</u>. Email: <u>orgulloypoder@crla.org</u> Fax: (831)757-6212 You will receive a response by January 15, 2010. Questions? Please call Angeles at (800) 677-5221

Name			
Address			
City	State	Zip Cod	e
Phone Number			
Email			
	awarded based		ance, financial need, and community
Tell us about your leadership and/or volunteer experience in your community.			
If you are driving pe other people to the co	•	nference, how m	any? If not, are you willing to drive
Please mark the type	of assistance yo	ou will need.	
☐ Overnight accomm (Friday night only)		□Gas	☐ Meal (Friday dinner only)

Have you registered for the conference? If no, please include your completed registration form with this application. You can download the registration form at <a href="mailto:crla.org/orgullo-y-poder-latino-conference">crla.org/orgullo-y-poder-latino-conference</a>.