



CORE's Second Annual Que Llavea Cafe Scholarship

Que Llavea Café Scholarship Application

Name: _____ Gender: _____ Ethnicity: _____

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

Primary Phone: _____ Secondary Phone: _____

Email: _____

Name of High School: _____

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

1. How did you find out about this scholarship? (If a person referred you, please state their name and contact information) _____

2. Write name and contact information of your recommender(s): _____

3. List all colleges you have applied to below (use additional sheets, if needed):

4. List all extra-curricular activities, including work (use additional sheets, if needed):

By signing below, I hereby proclaim that all information in this entire application is factual and true to the best of my knowledge.

Applicant Signature

Date