



## TRAILBLAZERS AFTER SCHOOL ACADEMY SCHOLARSHIP

APPLICATION – Due Date March 13, 2019(Please attach student essay)

Name: \_\_\_\_\_

OPS High School: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Trailblazers After School Program Class of: \_\_\_\_\_

GPA: \_\_\_\_\_

University/College attending: \_\_\_\_\_

Expected Major: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(signature)