



INDIO YOUTH TASK FORCE

*A Commitment to the Youth of our Community*

46800 Jackson Street  
Indio, California 92201

Telephone (760) 391-4035  
Fax (760) 391-4053

## SCHOLARSHIP APPLICATION

Applicant's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City Indio, State CA Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Names of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

School Currently Attending \_\_\_\_\_

College (High School for Middle School Students) Planning to Attend \_\_\_\_\_

Education Major \_\_\_\_\_ Professional Goals \_\_\_\_\_

Present Employer & Address \_\_\_\_\_

Hours Worked per Week \_\_\_\_\_

Previous Employment and/or Work Experience \_\_\_\_\_

\_\_\_\_\_

Honors or Recognition, School Organizations, Community Service, etc. (Use additional page if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Advisor or Dean Signature \_\_\_\_\_