Covenant House Alaska
Candlelight Vigil for Homeless Youth
2011 Scholarship of Hope

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

High School: _____ Current Grade: _____

E-mail Address: _____

Please briefly describe your presentation:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____.

Applicant Signature _____ Date _____

Covenant House Alaska
www.covenanthouseak.org

Send completed application to:
Sheila Parker
PO Box 100620
Anchorage, AK 99510-0620
Ph: 907-339-4406
Email: sparker@covenanthouseak.org