You must print all your answers neatly in ink. Application response may be sent via email to Rachel@abbytruespurpleproject.org. Scholarship application, and letters of recommendation can be Mailed to Abby True's Purple Project Inc, 15954 S Mur -Len Rd Suite 163, Olathe KS 66062-8300

Na	ıme		_,					
	Last M.I.			Firs	t			
Pe	rmanent mailing	address						
		Number and street						
Cit	у		State		Zip	-]	E-mail
Pł	none			Birth date				
					Month	Γ	Day	Year
	igh School GED							
		n School Name or GED County		City		State		
H	igh school studen							
			High School C	βPA				
Sc	oplicant must re hool choice r 2022-23	gister at a college, unive	-	tion or	trade sch	ool locat	ed iı	n Kans
		School Nar	ne					
	-	City						lorado State
M	ajor Field of Stud	ly						
		lyvorking 20 hours or more			 Jo [Y/N]			

8. Letters of Recommendation: Please provide one letter from a school official, Your current or Previous Job

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true
and complete to the best of my knowledge. I agree to give proof of the information on this application if
requested. I give permission to selection committees to review information on this form, my transcripts, and
any additional supporting documentation submitted as part of this application. I give permission for selection
committees to contact high school and/or college officials for additional academic information. If chosen for
scholarship award, I agree to provide proof of GPA to the committee I further agree to do my best and
apply myself to do the best of my ability.

Signature	 	Date
	 -	