OZELLO Scholarship - 2017 APPLICATION (Please Print)

Last Name:	First Name:	
Address:		
City:	State:	Zip:
Telephone Number (Home):	(Cell): _	
E-Mail Address:		
Please write a brief answer to each of the que	stions below:	
1. What are your academic goals?		
2. What are your future career goals?		
3. What college/technical school do you atten	d or plan on attendinç	g and when will you enroll?
4. What is your connection with the Ozello con	mmunity?	
Please submit this application with a letter	of recommendation	to the following address:
Jane Vandenbergh		
1803 S. Waterbird Pt.		
Crystal River, Florida. 34429		
Questions? Contact 352 563 6590		

Due Date August 31, 2017