"making a difference in our community"

## Robbie Susan Moore Scholarship Application 2019-2020

Name:			
Addres	ss:		
Contac	t Number:	E-mail Address:	
School	Name:	Student#:	
-		and of 1st Semester of Senior Year lor Printed Name	
Counse	elor Signature (Required)		
	econdary School Planning to		
your Ju	inior year and Senior year ii	r community service activities or so high school.  QUIRED to ACCOMPANY t	
	ication form:		
1.		unity Service in which you were inv	olved during your
2.		Luther King Jr. said, "The time is a an to you regarding your communit	
3.		from the person who supervised yome, telephone number and nature of	•
4.		from a faculty member at your scho	
release school	e my name, photo, and/or winning	County Public Schools and/or the scholar gessay to the public, with the understand reby acknowledge and attest that the infection	ding that confidential
	e Sign your Full Name		Date
	nission: Scan and email to <u>uni</u> Mail/postmarked by March 4,	tedebonysocietyinc@gmail.com by 2020	March 6 <sup>th</sup>

Mailing address: United Ebony Society of Gwinnett County, Inc.

P.O. Box 816, Lawrenceville GA 30046