

SCHOLARSHIP APPLICATION

Please type or print in black ink. All information must be attached.

Name _____ Local Telephone _____
Last First Middle

Social Security Number _____ Permanent Telephone _____

Email Address- _____

Address (Permanent) _____
Street City/State Zip

(Local) _____
Street City/State Zip

School _____ Date of Graduation _____

Date of Birth _____ G. P. A. _____

Parents:

Mother/Guardian _____
Address _____ Telephone No. _____

Father/Guardian _____
Address _____ Telephone No. _____

Are you requesting/receiving financial aid? Yes _____ No _____

What type? _____

Are you requesting/receiving additional scholarships? Yes _____ No _____

What type? _____

Church, Community and Service Activities

Extracurricular Activities

Special Honors, Awards, Recognition, etc.

Note: Submit along with your application a copy of your most recent transcript and the letter of recommendation from the Criminal Justice Department, Essay (“How has the distribution and use of drugs affected your community?”), and one self-addressed envelope with current first class postage properly affixed to be used to notify you of your final status.

I verify that the above information is true.

Signature _____

Date _____