
Susie Dugan Scholarship Fund For Drug-Free Youth

APPLICATION FORM

This application will assist in the selection process. High school seniors in Cass, Dodge, Douglas, Sarpy or Washington Counties are eligible to apply. All information will remain confidential. Applications must be received by the PRIDE Inc. office at 6143 Whitmore Street, Omaha, NE 68152 (inside Nathan Hale Middle School) no later than **4:00 p.m. Monday, March 5th, 2012**. Faxed copies will not be accepted. Scholarship recipient will be personally contacted by the scholarship committee no later than April 30, 2012. ***Failure to comply with all elements of the application process will disqualify your application. YOU MUST PRINT LEGIBLY.***

Name _____ Phone _____
(Last) (First) (Middle)

Address _____ School _____
(Street) (City) (Zip) (County)

Father's full name _____

Mother's full name _____

Name of the university, college, or community college you plan to attend.

Applicant's Current Grade Point Average _____

IMPORTANT NOTE: Do not use acronyms when listing or describing activities. List the complete name of all organizations in all application materials.

Part 1 - List in detail, specific drug prevention activities in organizations, both in and out of school, in which you have been actively involved. Include any offices held, outlining roles, responsibilities, and years held.

Part 2 - Please ATTACH an essay of 400 words (or less) that describes specifically how you have lived and modeled a drug-free life and how you have advocated for drug prevention through drug-free activities and promotions. If your essay exceeds 400 words, your application will not be considered.

Also ATTACH a non-returnable, wallet-sized, yearbook head-shot photograph of yourself. This photo is requested for the sole purpose of being used in a press release in the event you become a recipient of the scholarship award. ***The photo is neither viewed nor considered by the scholarship review committee.***

Part 3 - AFFIRMING SIGNATURES

I have never used alcohol, tobacco, marijuana, inhalants, or any other illegal drug.

(applicant's signature)

My son/daughter (to the best of my knowledge) has never used alcohol, tobacco, marijuana, inhalants, or any other illegal drug.

(parent/guardian's name ~ **printed**)

(parent/guardian's signature)

(parent/guardian's telephone number) _____

I have known the above student for at least three years. To the best of my knowledge, this student has never used alcohol, tobacco, marijuana, inhalants, or any other illegal drug.

(teacher's name ~ **printed**)

(teacher's signature)

(teacher's telephone number) _____

Return completed application with ALL attachments to PRIDE Inc. ♦ 6143 Whitmore Street ♦ Omaha, NE 68152 no later than 4:00 p.m. Monday, March 5th, 2012.

IMPORTANT NOTE: Failure to comply with all elements of the application process will disqualify your application from the review process.