

**BULLOCH COUNTY ALCOHOL AND DRUG COUNCIL
SCHOLARSHIP APPLICATION
2003 - 2004 ACADEMIC YEAR**

PLEASE TYPE OR PRINT USING BLACK INK DUE DATE: June 15th, 2003

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SOCIAL SECURITY # _____

IF A FIRST YEAR STUDENT:

High School Attended: _____
(Please attach proof of graduation or GED certificate.)

Please list any Drug Free Schools and/or Bulloch Alcohol and Drug Council sponsored programs in which you have participated: _____

List the program of study in the College of Health and Professional Studies at GSU or Allied Health Department at OTI that you are pursuing: (See attached for acceptable majors)

SOPHOMORE OR ABOVE:

Semester/Quarter in which you began: _____
(Please attach the most current copy of your transcript.)

List any other financial assistance or scholarships already secured for proposed study:

Applicants shall attach a separate statement indicating the reasons for seeking the scholarship and what their plans are after completion of the course of study. Applicants shall also attach a list of two references with name, address, and telephone numbers.

Signature

Date

RETURN TO: Bulloch Alcohol and Drug Council, PO Box 694, Statesboro, GA 30459