ESSAY CONTEST APPLICATION FORM

Full Name: _________________________________________________________________________________
Mailing Address: ____________________________________________________________________________
Email Address: _____________________________________________________________________________
Telephone Number: _________________________________________________________________________
Name of College/University: ___________________________________________________________________
Class (Freshman, Sophomore, etc.): _____________________________________________________________

What drew you to this scholarship contest?
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In your opinion, what is the best way to raise awareness of the dangers of alcoholism?
__________________________________________________________________________________________
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By entering this essay contest, I warrant that I meet the following eligibility requirements:
(1) I am at least 18-years-old or older; (2) I am an undergraduate or graduate student who is currently enrolled in a college or university located within the 50 United States or the District of Columbia; and (3) I have read and understand the AlcoRehab.org Scholarship Rules and Regulations and understand I am legally bound by them.

Signature: ______________________  Please sign and return this application by email to scholarship@alcorehab.org
Please Print Name: ______________________
Date: ______________________  Keep a copy for your records.