

Stewart County Drug Alliance Scholarship

Name of Applicant: _____

Institution Planning to Attend: ----- _____

Intended Major: _____

Financial Need – In the space provided please check which one indicates your family’s adjusted gross income from last year’s tax return.

- | | |
|---|---|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$31,000 to \$35,000 |
| <input type="checkbox"/> \$16,000 to \$20,000 | <input type="checkbox"/> \$36,000 to \$50,000 |
| <input type="checkbox"/> \$21,000 to \$25,000 | <input type="checkbox"/> over \$50,000 |
| <input type="checkbox"/> \$26,000 to \$30,000 | |

Number of dependents in your parents’ family including yourself:

Children _____ Ages _____ Number attending college: _____

Extracurricular Activities – Organizations and clubs (show years of involvement; also, please indicate any office held.)

Honors and Awards:

