Stewart County Drug Alliance Scholarship

Name of Applicant:	
Institution Planning to Attend:	
Intended Major:	
Financial Need – In the space provided pleas gross income from last year's tax return.	e check which one indicates your family's adjusted
Under \$15,000	\$31,000 to \$35,000
\$16,000 to \$20,000	\$36,000 to \$50,000
\$21,000 to \$25,000	over \$50,000
\$26,000 to \$30,000	
Number of dependents in your parents' famil	ly including yourself:
Children Ages	Number attending college:
Extracurricular Activities – Organizations an indicate any office held.)	d clubs (show years of involvement; also, please
Honors and Awards:	

•	What, if any, experience do you have with substance abuse disorder (addiction).
•	If you could heal the world to make it a better place, what ONE thing would you want to see happen?
APPL	ICATIONS DUE IN GUIDANCE BY MARCH 28, 2024