

PLAINS DRUG SCHOLARSHIP

NAME OF APPLICANT: _____

DATE: _____

GPA: _____

SIGNATURE OF COUNSELOR: _____

***PLAINS DRUG IS OFFERING A \$1000. 00 SCHOLARSHIP TO A PLAINS HIGH SCHOOL SENIOR WISHING TO FURTHER THEIR EDUCATION.**

***ELGIBILITY REQUIREMENTS INCLUDE A MINIMUM GPA OF 2.5 AND ENROLLMENT IN AN INSTITUTE OF HIGHER EDUCATION.**

1. PROPOSED SCHOOL OF ATTENDANCE: _____

2. SHORT EXPLANATION OF CAREER GOALS:

3. EXTRA CURRICULAR ACTIVITIES:

4. AWARDS AND HONORS:

5. A SHORT EXPLANATION DISCUSSING YOUR FUTURE PLANS AFTER COMPLETION OF COLLEGE OR TECHNICAL SCHOOL.

6. HAVE YOU EVER BEEN CONVICTED OF A CRIME OR MIP? IF SO EXPLAIN:

- 7. PLEASE SUBMIT THREE REFERENCES (1 FROM A FACULTY MEMBER AND 2 OTHERS FROM COMMUNITY MEMBERS NOT RELATED TO YOU) ATTESTING TO YOUR CHARACTER, DEPENDABILITY AND OTHER FACTORS WHICH ARE OF IMPORTANCE TO YOU.**

SIGNATURE OF APPLICANT: _____