



## Official Scholarship Application

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1. Applicant's Full Name: \_\_\_\_\_  
Last First MI

2. Applicant's Complete Address:

Street

City State/Province Zip Code

Phone Number E-mail Address

3. Projected High School Graduation Date (mm/yyyy): \_\_\_\_\_

4. Projected College Entry Date (mm/yyyy): \_\_\_\_\_

5. Name of college or trade school you will be attending (please attach a copy of your acceptance letter or official transcript):

School Name Accredited By:

6. List two references, professional or educational only:

Name Relation Phone Number

Name Relation Phone Number

7. How will winning our scholarship help you attain your goals? Please attach your response on a separate sheet of paper and ensure it is typed, not written, and contains 250 words or less.

8. If I win this award, I agree to share my story in a meeting or event during the following year in hope of inspiring others.

9. I have submitted a photograph to be used if I am selected as a scholarship winner: Yes / No

**[Please note: We welcome digital photos through email submission.]**

10. I have signed and submitted the attached "Assignment of Rights & Consent to Publish Scholarship Information" form: Yes / No

Please submit your completed application along with your response to item #7, the consent form on page three and your photo to:

**By Mail:** America in Recovery  
6901 Alabonson Road  
Houston, Texas 77088

**By Email:** [jdubose@americainrecovery.org](mailto:jdubose@americainrecovery.org)

## ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

I, \_\_\_\_\_, do hereby give America in Recovery, Inc. full rights to publish my name, where I live (city, state, and country only; actual street addresses and phone numbers **will not** be disclosed), my pertinent family information, college I am attending, photographs that I have provided and college update information.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by America in Recovery in any or all of its print or electronic correspondence.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to “distort” or “falsify” any information provided.)

I understand that this Agreement in no way obligates America in Recovery, Inc. to publish or use the above-described information.

Date Signed (mm/dd/yyyy): \_\_\_\_\_

By: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

Parent/Legal Guardian (if student is under 18 years of age):

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)