



**SADD NATIONAL COLLEGE SCHOLARSHIP
APPLICATION FORM**

Name: Male Female

Address:

City: State: Zip:

DOB: Current Year in School:

E-mail address: Home Phone:

Parent or Guardian Name:

Current School Name:

Current School Address:

Current School City: State: Zip:

School Phone:

SADD Advisor: SADD Advisor E-mail:

College/University You Will Be Attending in the Fall (if known):

Address:

City: State: Zip:

Phone:

Anticipated Year of Graduation: Expected Major:
(if known)

I certify that I have provided complete and accurate statements on this application. My signature indicates that I will be a full-time student in the 2010-2011 academic years and I grant SADD the authority to verify this information. I understand that all documents submitted in support of this application become the property of SADD, Inc. and that SADD may use them for publicity and promotional purposes without personal identification. I understand that if I am selected for a scholarship award, my name, photograph, and any materials submitted with this application may be used for publicity purposes in connection with the scholarship program with no additional compensation by SADD, Inc.

Signature

Date

Return to: SADD College Scholarship
SADD, Inc.
255 Main Street
Marlborough, MA 01752
Application Postmark Deadline: Friday, April 23, 2010.



**SADD NATIONAL COLLEGE SCHOLARSHIP
APPLICANT RECOMMENDATION**

Applicant Name:

Your Name:

Phone Number:

E-mail address:

-
1. How long and in what capacity have you known the applicant?
 2. What are the first words that come to mind when describing this student and why?
 3. What do you know of this individual's commitment to a safe and substance-free lifestyle?
 4. Please comment on how the applicant demonstrates the following attributes. Anecdotes or examples are encouraged.
 - *Serves as a role model for his/her peers and for youth*
 - *Respected by his/hers peers*
 - *Lives up to his/her own values*
 - *Tolerant of others' opinions*
 - *Demonstrates integrity*

Signature:

Date:

Please return this form to the applicant. Thank you for your assistance.



**SADD NATIONAL COLLEGE SCHOLARSHIP
APPLICANT RECOMMENDATION**

Applicant Name:

Your Name:

Phone Number:

E-mail address:

1. How long and in what capacity have you known the applicant?
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4. Please comment on how the applicant demonstrates the following attributes. Anecdotes or examples are encouraged.

- *Serves as a role model for his/her peers and for youth*
- *Respected by his/hers peers*
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- *Tolerant of others' opinions*
- *Demonstrates integrity*

Signature:

Date:

Please return this form to the applicant. Thank you for your assistance.



SADD NATIONAL COLLEGE SCHOLARSHIP APPLICANT'S PERSONAL STATEMENT

Write a brief statement describing your commitment to SADD and a substance-free lifestyle. You may comment on your motivation to join and remain part of SADD, any struggles you have had in your chapter or in your own life and how you resolved them, how you have recruited new members, how you have been a leader in your chapter or any other topic you feel may highlight your commitment to SADD. Include specific anecdotes or examples to explain why you should receive the SADD National College Scholarship.

Applicant's Name:

Signature:

Date:



CHECKLIST

- Application Form**
- Two Applicant Recommendations**
- Personal Statement**
- Activity Summary**
- Original Application and One Photocopy,
if submitting by mail, one copy if submitting
by email**
- Registered SADD Chapter as of July 1, 2009**