

Date \_\_\_\_\_



# Colton's Journey to Liberation

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## Scholarship Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

College or next step for education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended major or plan: \_\_\_\_\_  
\_\_\_\_\_

High School Extracurricular Activities  
and/or Work Experience: \_\_\_\_\_  
\_\_\_\_\_

Community Service or Volunteer Work:  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s) / Guardian(s) Names: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

### References

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### References

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### School Personnel including Title

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Essay to be attached separately to this document as outlined above.**

**Please submit completed application to the counseling center at HHS.**

**No later than April 16, 2018**

Inspiring Awareness & Changing the Conversation Around Substance Abuse