



MAPDA SCHOLARSHIP APPLICATION

1. **Name** [Click or tap here to enter text.] [Click or tap here to enter text.] [Click or tap here to enter text.]
Last **First** **MI**
2. **Street Address** [Click or tap here to enter text.]
3. **City, State, Zip Code** [Click or tap here to enter text.] [Click or tap here to enter text.] [Click or tap here to enter text.]
City **State**
Zip Code
4. **Home Phone** [Click or tap here to enter text.] **Cell Phone** [Click or tap here to enter text.]
5. **Email address** [Click or tap here to enter text.]
6. **Have you received a high school diploma?** YES NO
7. **If no, when will you graduate high school?** [Click or tap here to enter text.]
8. **Cumulative High School GPA (Converted to 4.0 Scale)** [Click or tap here to enter text.]
9. **Please attach a copy of your high school transcript**
10. **Will you be attending NOVA for the first time in the fall?** YES NO
11. **Major or Academic Plan (Certificate or CSC)** [Click or tap here to enter text.]
12. **Second Program of Study, if appropriate** [Click or tap here to enter text.]
13. **What are your future career interests?** [Click or tap here to enter text.]
14. **Are you planning to transfer to a 4-year school?** YES NO
15. **Are you current or former English Second Language (ESL) student?** YES

NO



MOTHERS AGAINST PRESCRIPTION DRUG ABUSE

16. If a current student, provide your Student ID [[Click or tap here to enter text.](#)]

17. Admit Type First Year Second Year

18. Completed Credit Hours [[Click or tap here to enter text.](#)]

19. Enrolled Credit Hours (This Term) [[Click or tap here to enter text.](#)]

20. Current GPA (If applicable) [[Click or tap here to enter text.](#)]

21. Have you submitted or do you intend to submit the 2019-2020 Free Application for
Federal Student Aid (FAFSA)?

YES NO

22. Are you a U.S. Citizen? YES NO

23. Are you currently employed? YES NO

24. Within 2 years of the date the application will be submitted, have you completed a full course of treatment from one of the accredited treatment facilities listed on the attached spreadsheet (source -SAMHSA.gov website)? **Documentation Required** YES
 NO

25. As of the date the application will be submitted, are you a regular attendee at a recovery support system or peer support group? **Documentation Required** YES
 NO

School Activities [[Click or tap here to enter text.](#)]

Community Activities [[Click or tap here to enter text.](#)]



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Significant honors, awards and accomplishments that you have received [[Click or tap here to enter text.](#)]

Leadership position and offices held [[Click or tap here to enter text.](#)]

Please describe your short and long term educational goals and how being awarded this scholarship will help you achieve them (approximately 250-500 words).

[[Click or tap here to enter text.](#)]

By submitting this form electronically, I acknowledge that all information included on the application is accurate to the best of my knowledge. I further acknowledge that I have read and agree to abide by the instructions, deadline for filing, application requirements and eligibility criteria for each applicable scholarship. I understand scholarship awards will be sent directly to the respective school's financial aid office.

I further acknowledge that if the selection process requires this application and any supporting documents to be reviewed by a donor outside of Mothers Against Prescription Drug Abuse, I grant permission to release my information to that outside review committee. I also grant permission for the donor to publicize my name as a recipient if I receive a scholarship. **YES** **NO**

I confirm that all information in this application is true and correct to the best of my knowledge.

Signature

Date