

Prince George's County Drug Policy Coalition, Inc.



2017 Scholarship Application

Applicant's Name: _____

(First)

(M.I.)

(Last)

Street Address: _____ Apt no: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ E-mail Address: _____

High School or College: _____

SAT (or ACT) Composite Score: _____ GPA: _____

Please include the following documentation with your application:

Essay: If you had sufficient resources, what would your ideal drug treatment program look like?

Specifications: One page, minimum 250 words, 12 Times New Romans font, 1 inch margins.

Resume: Emphasizing all of your community service activities, extracurricular and/or work experiences.

High School or College Transcript

Two references (include names, addresses, and phone numbers)

***Applicant must reside in District 8**

Applicant's signature: _____ Date: _____

Mail to: PGCDPC Scholarship Committee

P.O. Box 442325

Fort Washington, MD 20749

www.pgcdpc.com

(240) 416-0435

Deadline: Friday, May 5, 2017