



Drug Free Relay

SCHOLARSHIP PROGRAM

This \$500 scholarship will be awarded to a person preparing for post-high school education. Consideration will be given to a student who has been actively involved in volunteer service in the community and schools, and specifically involved in the Drug Free Relay.

Applications must be postmarked by the date posted at www.drugfreerelay.org to be eligible and sent to:

Drug-Free Relay
PO Box 1346
La Grande, OR 97850

If you have questions, please call *Jan at 963-0228* or *Mary Ann at 963-9025*. Recipients will be notified by the awarding committee.

Personal Data

Legal Name: _____
[Last] [First] [Middle]

Parent Name: _____
[Last] [First] [Middle]

Address: _____
[Street] [City] [Zip]

Phone: _____ **Date of Birth:** _____

Email Address: _____

Volunteer Criteria

[Please use separate sheet of paper for answers]

- a) Describe your leadership experience
- b) Describe you volunteer experience
- c) In what ways have you helped promote drug and alcohol prevention?
- d) How have you participated in the Drug-Free Relay?
- e) What school are you planning to attend after High School? What is your intended major?