

## ***C.A.S.A. (Coalition Against Substance Abuse) SCHOLARSHIP***

Presentation of the awards shall be made at the Annual Awards Assembly.

### **Selection, Criteria, & Eligibility Requirements:**

Annual scholarships will be limited to ONE scholarship for each Miami County High School. Applicant must be a student of one of these schools.

Any violation of the rules for acceptance of the scholarship (e.g. not maintaining a drug-free status) shall disqualify the applicant from further funding.

1. Drugs, for the purposes of this scholarship, shall be defined as: Any substance illegal for the scholarship student to possess or purchase. (This would include tobacco use for students under the legal age).
2. Experimentation will not necessarily disqualify an applicant to receive a scholarship.
3. Each applicant/case will be evaluated on its own merit.
4. All information submitted or supplied with or for the applicant will be kept strictly confidential.
5. Consideration will be based upon reported activity from the application. Reports will be attached to the application form and will be verified through the scholarship committee's screening process. Dates of confirmation calls will be noted to verify that all applicants have been afforded an equal opportunity.

The scholarship committee for C.A.S.A. will be composed of the following: one of the Co-Chairpersons from C.A.S.A., the Scholarship Committee Chairperson from C.A.S.A., and a representative-at-large from the community or local law enforcement agency where the student is a resident.

**Distribution of Funds:** Scholarship monies shall be earmarked on a continuous basis in the C.A.S.A. treasury. Scholarship monies will be paid out to the student's high school in September. The school the applicant chooses to attend must be an accredited institution for the prescribed course of study the applicant has chosen. This could be an accredited college, university, junior college, or trade school. Scholarship recipients must provide proof of enrollment (not just pre-enrollment) at an accredited academic institution to the OHS Local Scholarship Coordinator. The school will notify C.A.S.A and Sunflower Substance Abuse Recovery Services, and the check will be sent to OHS to be dispersed to the student. A good phone number needs to be on file for the application. Your application shall have the school attending and students name on it.

### **Application Requirements:**

Application, Transcript, Resume, and Letters of Recommendation (minimum of 2). Letters of recommendation from activity sponsors in related drug-free or substance abuse groups will carry precedence over letters of recommendation from non-drug free or substance abuse sponsored organizations. The applicant's overall activity level in drug-free/substance abuse groups will be central in determining the scholarship selection.

Recipients will submit a plan to C.A.S.A. for reporting the maintenance of drug-free status and activity level while at college. Verification will be determined through the applicant's plan submitted to the committee.

\*Plan of Action should accompany this application form. Include how you plan to remain drug-free. Please mention what leadership activities you will pursue and involvement in those activities.

\*\*Letters of recommendation (2) should accompany this application form. These letters will need to be from community members you feel can speak about your drug-free status and about your activity/participation level in the fight against drugs. All letters of recommendation should be submitted on letterhead – applicable when the community member specifically represents an organization.

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**Date of Application** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

**Permanent Address of Applicant**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Parent or Guardian**

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

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

\_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Brothers and Sisters** \_\_\_\_\_ **Year in School**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Name of the university, college, junior college or trade school you plan to attend.**

\_\_\_\_\_

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

\_\_\_\_\_

**Leadership, Service, & Activities**

Include the ones you have personally completed and/or are actively involved in related to the fight against alcohol and substance abuse. Please include the number of years you were involved in the activity and your age when the activities were completed. Use the space below to list this information.

Please list sponsors of the activities you have listed. Include the sponsors' address and telephone number. The C.A.S.A. Scholarship Committee will contact sponsors to verify the activity level of the applicant.

Sponsor name: \_\_\_\_\_

Activity: \_\_\_\_\_

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

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

In a brief narrative form give your planned or proposed curriculum for study. What do you plan to do once that course of study is completed?