

**STRENGTH  
HOPE AND  
RECOVERY**



**Mark Garwood  
SHARE Foundation**



**PHOENIX SCHOLARSHIPS  
Mark Garwood SHARE Foundation**



## PHOENIX SCHOLARSHIP APPLICATION

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

T-Shirt Size: Mens \_\_\_\_\_ Women's \_\_\_\_\_ Unisex \_\_\_\_\_

Which recovery program do you attend? \_\_\_\_\_

How long have you been a resident of Florida?  Less than one year  1-2 years  2 or more years

Do you own a vehicle or use public transportation? \_\_\_\_\_

Are you currently employed?  Yes  No Status:  Full-Time  Part-Time

Name of Employer and Location: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Highest Level of Education:  High School Diploma/GED  Some College  Certificate  Degree \_\_\_\_\_

Name of High School Attended and Location: \_\_\_\_\_

Name of College/University Attended: \_\_\_\_\_

Current or Intended College/University Of Enrollment: \_\_\_\_\_

How many credits completed? : \_\_\_\_\_ Degree/Certificate \_\_\_\_\_ Completed:  Yes  No

Please list all social media handles. If requested, you must accept friend requests and allow the Mark Garwood SHARE Foundation to follow you.

Facebook: \_\_\_\_\_ Instagram \_\_\_\_\_

Twitter: \_\_\_\_\_ Other Site(s) and Handle(s): \_\_\_\_\_

Personal References:

1.Name \_\_\_\_\_ 2.Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

ESSAY: (Please use a separate sheet.)

*Tell us about your recovery and why now is the right time for you to begin or continue your education. What obstacles might prevent you from being successful in this program and how do you plan to overcome them?*

Additional information that you think might support your application:

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I swear and affirm that to the best of my knowledge the above information is complete, true and accurate. I further acknowledge and confirm that I have read, understand, and accept the terms and conditions of this application, which includes the Random Drug Testing Policy, the Social Media Policy, and the Statement of Requirements and Qualifications.

SIGNATURE

PRINTED NAME

\_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_