



## PHOENIX SCHOLARSHIP APPLICATION

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

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

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

Circle one option: 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 All Colleges/Universities Attended and Dates \_\_\_\_\_

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 Foundation to follow you.

Facebook: \_\_\_\_\_ Instagram \_\_\_\_\_  
Twitter: \_\_\_\_\_ Tik Tok \_\_\_\_\_  
Snap Chat: \_\_\_\_\_ Visco: \_\_\_\_\_

**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** \_\_\_\_\_