

Dear Scholarship Applicants,

Make sure that you submit the completed application & forms to me via E-mail or directly to cdfy's office no later than February 6, 2023, at 2:00 PM

Make sure your application includes the following;

- 1 written essay
- 2 short paragraphs
- 2 letters of recommendation

Your application has to include all required components and is submitted on time by February 6, 2023, 2:00 PM to be considered for this award.

Council for Drug-Free Youth awards \$500.00 scholarships to qualifying seniors based on your essay and interview.

If you have any questions please contact Nicole at [nicole@jccdfy.org](mailto:nicole@jccdfy.org)

**Thank you,  
Nicole Dennison  
Project Coordinator**

**council for  
drug free youth**

**Council for Drug-Free Youth  
306 Jefferson St. JC, MO 65101**

**573.636.2411**

Council for Drug-Free Youth Scholarship Deadline: **February 6, 2023, by 2:00 PM**

Eligibility: Any graduating senior who has remained drug-free, who is involved in school or community activities, and who has at least a 2.0 GPA. Drug-free means you have NEVER USED tobacco products, alcohol, and other illegal drugs at ANY time.

Please print

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

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

Phone# \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Contact Information: Phone# \_\_\_\_\_

E-mail \_\_\_\_\_

Where do you plan to attend school?

\_\_\_\_\_

(Scholarship will be sent to the school you attend.)

School/Community Activities (inc. drug-free activities example: DARE, Show Me Players, Safety Kids):

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Attach the following:

1. A one-page paper on Why you have chosen to be drug-free.

In addition, write a paragraph on each of the following:

- How would you solve the drug problem in your community?
- How do you plan on staying drug-free in college?

2. Two letters of recommendation from community people, church leaders, employers, neighbors, etc. – not a school employee) which includes a character reference about your drug-free lifestyle, leadership, and character.

Please note: After the scholarship is narrowed down to the final students from each school, a personal interview will be held with each student.

You'll then be invited to attend the Council for Drug-Free Youth Annual Awards Event Thursday, April 27, 2023, 5:30 – 7:00 pm Scholarship winners will be announced, and you must be present to win.

drug free youth

To my knowledge, my child has never used drugs or alcohol.

Parent/Guardian Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

To be completed by High School Counselor:

7<sup>th</sup> Semester GPA is \_\_\_\_\_

Signature of High School Counselor: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact number \_\_\_\_\_

E-mail \_\_\_\_\_

Attach the GPA form with students' information.



**Media Consent Form**

I \_\_\_\_\_, agree to allow photographs/media  
(Student's Name)

taken for Council for Drug-Free Youth (CDFY). CDFY may use photographs/media for marketing purposes.

I understand that once my image is used and/or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient(s).

No identifying information other than the photograph/media will be released and all confidentiality guidelines will be followed in accordance with the law.

I agree to hold CDFY harmless from and against any claim of injury or compensation resulting from the activities allowed by this authorization.

I understand that I can request withdrawal of this release anytime through written notice to the agency.

Name of Person Consenting (Please Print) \_\_\_\_\_  
(Parent/Guardian Name)

Parent/Guardian Signature:  
\_\_\_\_\_

Date \_\_\_\_\_

Student Signature:  
\_\_\_\_\_

Date \_\_\_\_\_