

ESSAY CONTEST APPLICATION FORM

Full Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____

Name of College/University: _____

Class (Freshman, Sophomore, etc.): _____

By entering this essay contest, I warrant that I meet the following eligibility requirements:

(1) I am at least 18-years-old or older; (2) I am an undergraduate or graduate student who is currently enrolled in a college or university located within the 50 United States or the District of Columbia; and (3) I have read and understand the AlcoRehab.org Scholarship Rules and Regulations and understand I am legally bound by them.

Signature: _____

Please Print Name: _____

Date: _____

Please sign and return this application by email to

scholarship@vapingdaily.com

Keep a copy for your records.