



## CRITERIA FOR CHAPTER STUDENT SCHOLARSHIP

The Houston Chapter of TAAP will provide two \$500 Scholarships to Houston area students attending an accredited school and are engaged in studies leading towards being licensed as a Chemical Dependency Counselor in the State of Texas or a current Houston Chapter TAAP member working towards a Masters Degree or a Bachelors Degree in the Behavioral Health field (Counseling, Social Work, Human Service Technology, etc.)

Please complete and submit an application with all of the supporting documentation. Incomplete packets will not be considered.

**Procedure:** Individual portfolios containing supporting documentation and completed nomination forms **must be submitted to Scholarship Committee from Jan 1 – May 31** for fall semester and **1 Aug – 31 Oct** for spring semester. Please ensure that the following questions/information has been included.

Requirements/Criteria for a scholarship:

1. Is attending an accredited community college or college/university/approved School of Addiction Education and is in good standing.
2. LCDC student has taken at least 2 Drug and Alcohol classes, TAAP member has taken at least 2 classes in their current education level.
3. Has maintained a 3.0 GPA

Documentation needed to be submitted:

1) Application 2) Copy of Transcript and 3) 2 recommendation letters, 1 from an instructor, 1 from a TAAP member

**TEXAS ASSOCIATION OF ADDICTION PROFESSIONALS**

**HOUSTON CHAPTER**

**SCHOLARSHIP APPLICATION**

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**College/University/School:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **GPA Drug/Alcohol Classes:** \_\_\_\_\_

\_\_\_\_\_ **Provide a list of student activities you have participated in**

\_\_\_\_\_ **Provide a list of any recognition you have received**

\_\_\_\_\_ **Provide a list of community involvement**

\_\_\_\_\_ **Provide an essay on your educational focus/career goals**

\_\_\_\_\_ **Provide a recommendation letter from one of your instructors**

\_\_\_\_\_ **Provide a recommendation letter from a TAAP member**

**Submit Nominations to: Scholarship Committee, Houston Chapter TAAP,**

**PO Box 131924, Houston, TX 77219-1924**

**For additional information: [www.houstonchaptertaap.com](http://www.houstonchaptertaap.com)**