

Texas Association of Addiction Professionals, Houston Chapter

# Scholarship Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ email: \_\_\_\_\_

College/School: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ GPA Alcohol Classes: \_\_\_\_\_

**Include in your packet:**

\_\_\_\_\_ A recommendation letter from one of your instructors.

\_\_\_\_\_ A completed application

\_\_\_\_\_ A copy of your transcripts

\_\_\_\_\_ An essay that includes your educational focus, career goals, student activities, community involvement and any recognition that you have received.

Submit your nomination to: [ellenhorst@yahoo.com](mailto:ellenhorst@yahoo.com)

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