

**SEAN P. MILLER SCHOLARSHIP FUND**

**APPLICATION**

**NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE#** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_

**AGE** \_\_\_\_\_ **BIRTHDAY (month/day/year)** \_\_\_\_\_

**CURRENT SCHOOL  
SCHOOL & GRADE ENTERING IN SEPTEMBER** \_\_\_\_\_

**MOTHERS NAME:** \_\_\_\_\_

**FATHERS NAME:** \_\_\_\_\_

**Please list your interest/activities/hobbies**

\_\_\_\_\_

**Please list any awards or special accomplishments you have received**

\_\_\_\_\_

**Write a short essay on drug awareness (attach additional sheets if necessary)**

\_\_\_\_\_