

APPLICATION FOR FRUTH PHARMACY

"ALL RISE" SCHOLARSHIP

1. NAME OF APPLICANT _____
2. MAILING AND PHYSICAL ADDRESS _____
3. CELL PHONE NUMBER (ACCEPTS TEXTS?) Y or N? _____
4. EMAIL ADDRESS (IF APPLICABLE) _____
5. DATE GRADUATED HIGH SCHOOL ____/____/____
6. F – C 18 OR FOSTER CARE 18 PROGRAM: Y or N
7. TYPE OF DEGREE OR TRADE CERTIFICATION BEING SOUGHT _____
8. NAME OF SCHOOL AND CONTACT INFORMATION _____
9. ATTACH ONE PAGE ESSAY (TYPED OR WRITTEN) REGARDING ONE OF THESE SUBJECTS:
 - A. HOW AS A COURT-INVOLVED YOUTH OR PARTICIPATING IN THE FOSTER CARE (FC) 18 PROGRAM IMPROVED MY LIFE.
 - B. WHAT I EXPECT TO ACCOMPLISH WITH MY DEGREE OR TRADE CERTIFICATION.
 - C. THE ADULT IN EITHER THE COURT SYSTEM OR THE FOSTER CARE (FC) 18 PROGRAM THAT MADE A SIGNIFICANT IMPACT ON ME.