

**KCAC SCHOLARSHIP**  
**(Knox County Awareness Coalition)**

The KCAC will be choosing two recipients for scholarships from the senior class, for \$250 **each**. This application will need to be turned into the Knox County R-1 High school counselor by **March 15**. The committee from the KCAC will select the scholarship winners. The recipients will be announced at the Senior Awards Ceremony prior to Graduation.

For counselor's use: (code) \_\_\_\_\_ Students GPA after seven semester's \_\_\_\_\_

PLEASE TYPE OR PRINT WITH INK

Full Name: \_\_\_\_\_  
                                First  Middle  Last

Full Name (s) Parent's / Guardian's \_\_\_\_\_

Your Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Counselor

Please do not put your name on any other page of this application. The counselor will put a code on the other pages for identification purposes. Thank you for wanting to further your education.

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**(Knox County Awareness Coalition)**

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Counselor's use: Code \_\_\_\_\_ GPA \_\_\_\_\_ ACT Score \_\_\_\_\_  
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**Please list all school activities you have participated in grades 9-12.**

**What are your plans after graduation (college and major)?**

**Are you a first generation college bound student? \_\_\_\_\_**

**What is your family situation and how does it relate to your need for this scholarship?  
Please attach an extra sheet of paper if needed.**

**In 300-500 words please describe how drugs and/or alcohol have affected you and/or your friends or family and what you have learned from it or how you have overcome these adversities? *Please attach your essay.***