

# Victims of Drunk Driving Scholarship Application 2018-19

**Minimum scholarship amount: \$2,500.**

**Essay is required – read details on page two.**

Scholarships are intended to be awarded spring of 2019 to four high school seniors from Austin Independent School District (AISD) or Eanes Independent School District (EISD) who will be attending an institution of higher education within the United States in the fall of 2019. Funds will be paid directly to the college or university for the benefit of the student.

Scholarship applicant must have been affected by a drunk driving incident that occurred to him/herself or to an immediate family member.

## Personal Information

- Applicant's Legal Name in Full
  - Last Name: \_\_\_\_\_
  - First Name: \_\_\_\_\_
  - M.I.: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Permanent Residence
  - Address: \_\_\_\_\_
  - City: \_\_\_\_\_
  - State: \_\_\_\_\_
  - Zip: \_\_\_\_\_
- Phones
  - Home: \_\_\_\_\_
  - Mobile: \_\_\_\_\_
- Parent or legal guardian information
  - Name: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
  - Phone (H): \_\_\_\_\_
  - Phone (M): \_\_\_\_\_
- Current High School Name: \_\_\_\_\_
- Current High School Location: \_\_\_\_\_
- School Phone: \_\_\_\_\_
- School Counselor: \_\_\_\_\_
- Cumulative GPA (### out of #.00): \_\_\_\_\_
- Class Rank (# student out of # students): \_\_\_\_\_
- I plan to attend the following college or university in the fall of 2019 (please enter the name and location of the institution): \_\_\_\_\_
- I am registering, or will be registering my major as: \_\_\_\_\_

**The following requested information applies to the drunk driving incident:**

- Name(s) of victim(s) – this can be yourself or someone from your immediate family: \_\_\_\_\_
- Relationship to you: \_\_\_\_\_
- Date of incident: \_\_\_\_\_
- Location where the incident occurred
  - City: \_\_\_\_\_
  - County: \_\_\_\_\_
  - State: \_\_\_\_\_

**The following additional information is required to be submitted with the application:**

- Sealed, official high school transcript, or you may have your counselor email a transcript to the following email address: [tomcrawford3@earthlink.net](mailto:tomcrawford3@earthlink.net). Subject line: OFFICIAL TRANSCRIPT – [your name].
- Please prepare a typed, double-spaced essay of at least 500 words, but no more than 750 words that (1) describes the incident, (2) how it impacted your life and (3) how you will use this experience to help you contribute to your chosen field of study.

I hereby certify that all the information provided with this application is true and correct:

\_\_\_\_\_  
Student Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Applications must be postmarked on or before February 2, 2019 to be considered.**

**Scholarships will be awarded in March/April 2019.**

**Mail your application package with sealed transcript and essay to:**

Victims of Drunk Driving Scholarship Fund  
Attn: Rachael Crawford  
11128 Blissfield Cove  
Austin, TX 78739