

Texas Association of Addiction Professionals, Houston Chapter

Scholarship Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ email: _____

College/School: _____

Overall GPA: _____ GPA Substance Use Disorder 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: law200468@yahoo.com

For additional information: www.houstonchaptertaap.com