

In Memory of
"Dan the Man"

Daniel Snel Memorial Scholarship



Please join us to remember those lives lost to the disease of addiction and to support other's in recovery!

SCHOLARSHIP APPLICATION

APPLICANT INFORMATION 2019

Name:

Date of birth:

E-mail:

Phone:

Street address:

City:

State:

ZIP Code:

SCHOOL INFORMATION

Current high school:

High school address:

Current grade:

City:

State:

ZIP Code:

SCHOLARSHIP REQUIREMENTS

Mail the following required information to
Attn: Daniel Snel Scholarship
8 Main St. (Suite 7), Flemington, NJ 08822

- 1) Submit letter of recommendation. Letters from relatives will not be accepted.
- 2) Submit a typewritten resume (12 point font) detailing education, work experience (if applicable), accolades, achievements, extra-curricular activities, and community service/involvement.
- 3) Submit 1-2 page essay on the following topic:
Addiction negatively impacts the entire family unit. Describe how your life was negatively impacted by addiction in your family, what resources you were able to rely on for help, and what efforts you have made to create better awareness or resources for the community affected by addiction.

ELIGIBILITY

- Current high school seniors attending school in Hunterdon County
- Anticipating completion of high school diploma at the time of application
- Enrolling full-time in an accredited U.S. undergraduate program or technical institute for fall

By signing below, I certify all information on this application and attached to it, is true and correct to the best of my knowledge. I certify that any money awarded from this application will be used towards my education at an accredited undergraduate program or technical institute.

Signature of applicant:

Date: