



Scholarship Contest Application Form

Full Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____

Name of College/University: _____

Class (Freshman, Sophomore, etc.): _____

Please send a small photo and a couple sentence bio of yourself that will be posted on QuitDay.org with your essay in the case you are selected as a finalist. Your bio may be edited for length if necessary.

What drew you to this scholarship contest?

After writing your essay, what do you know now about smoking that you didn't before?

Are you doing anything different now to help raise awareness of smoking?

What message would you give to smokers?

By entering this essay contest, I warrant that I meet the following eligibility requirements:

- (1) I am at least 18-years-old or older; (2) I am an undergraduate or graduate student who is currently enrolled in a college or university located within the 50 United States or the District of Columbia; and (3) I have read and understand the Quitday.org Scholarship Rules and Regulations and understand I am legally bound by them.

Signature: _____

Please Print Name: _____

Date: _____

Please sign and return this application by email to

scholarship@quitday.org

Keep a copy for your records.