



**JEANETTE C. CANNADA/RED RIBBON MEMORIAL
Renewal Application Form**

NAME _____

SCHOOL ATTENDING _____

SCHOOL ADDRESS _____

CITY _____ ZIP _____

HOME ADDRESS _____

CONTACT PHONE# _____

SEMESTERS COMPLETED _____

MAJOR _____

YEAR AWARDED SCHOLARSHIP _____

******Please include with your application the following:**

1. Copy of your transcript
2. A handwritten paragraph stating need and other assistance being received. Respond to how being a college student has affected your choosing to be tobacco, alcohol, and other drug free.

PLEASE DO NOT STAPLE FORMS TOGETHER.

THE DEADLINE FOR APPLICATIONS IS MAY 3^d.

Mail applications to:

Scholarship Committee
Greenville Family Partnership/Red Ribbon Works
P.O. Box 10203
Greenville, SC 29603-0203

DEADLINE: MAY 3^d

Duplication of application is permitted.