

**Association of Food & Drug Officials of the Southern States  
(AFDOSS)**

**Scholarship Application Form**



Return to:

Cameron Smoak  
AFDOSS Scholarship Committee Chair  
1071 Brooks Road  
Madison, GA 30650  
[Csmoak@afdo.org](mailto:Csmoak@afdo.org)

**Association of Food and Drug Officials of the Southern States (AFDOSS)  
Mary Logan Scholarship Application Form**



The following must be received on or before **March 1, 2018** to be considered for the current year's award:

- (1) This completed application verifying applicant meets criteria defined (<http://afdoss.afdo.org/mary-logan-scholarship-mary-logan-afdoss-scholarship/>),
- (2) An official and **complete** high school or college transcript, and
- (3) Two letters of recommendation.

PLEASE TYPE

Applicant's Name \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

Current School: \_\_\_\_\_

Current School Address: \_\_\_\_\_

University or Projected University Name: \_\_\_\_\_

Expected Degree and Major: \_\_\_\_\_

Proposed Minor (if applicable): \_\_\_\_\_

College Entrance Scores: SAT \_\_\_\_\_ or ACT \_\_\_\_\_

Academic Awards or Honors:

**Scholarships and Aid Received for the Upcoming Academic Semester/Year:**

*(Note, please include information about your financial needs here. Provide estimated tuition and other costs as well as an explanation of why you feel you need the scholarship. Exact financial figures are not necessary.)*

**Extracurricular Activities (including offices held) and Community Service:**

**Other Outside/Additional Activities:**

**Work Experience (if any):**

Briefly describe how you meet the criteria, your career goals, and why you should receive this scholarship.

I certify that all the information provided in this application is true and correct to the best of my knowledge. **TYPED NAME BELOW INDICATES CERTIFICATION.**

Date\_\_\_\_\_ Applicant's Name\_\_\_\_\_

Void if continued on another page.