



Illinois DARE Officer Association

SCHOLARSHIP AWARD NOMINATION

Full name: _____

Date of Birth: _____ Sex: _____ Telephone: _____

Address: _____

Email: _____ Graduation date: _____

High School Attending: _____ Telephone: _____

High School Address:

Name / Address of Institution of Higher Learning You Will Be Attending:

Major or Career Training For: _____

IDOA Member Name: _____

General Information

A \$250 scholarship will be awarded to a high school senior who will be furthering their education in the current school year. The scholarship will also be available to students who are currently in their first year of college. All applicants must be a son/daughter, stepchild, or legal dependent of an IDOA member (this includes educators). IDOA members are not eligible.

Applicants must be accepted or registered in a program for fall of the current school year.

Scholarship Essay Topics

Select one of the three topics listed below. Submit a double-spaced, typed essay not to exceed three pages.

- How has your DARE parent affected your decision to live a drug-free life?
- What skills have you gained that have helped you say "NO to drugs"?
- What do you feel are the most challenging problems facing your generation and how can the DARE program assist in dealing with those problems?

Procedures

- Complete the application and essay
- Mail or email the essay and the application no later than March 1, 2022 to:

Ryan Sheehan---ryan_sheehan@glendaleheights.org

300 Civic Center Plaza

Glendale Heights, IL 60139

Candidate Nomination Form

Illinois DARE Officer of the Year Award

Educator of the Year Award

We want to learn as much as possible about the accomplishments of each DARE Officer / Educator of the Year Award candidate. Please answer the following questions and send the completed form to the address listed below. A letter of recommendation in 400 words or less, along with letters of support for DARE Officers / Teachers, must accompany this form stating the reason for nomination. All candidates must be in good standing with the Illinois DARE Officers Association at the time of submission.

Circle One: **Officer of the Year** **Educator of the Year**

AWARD CANDIDATE

Name: _____

Department/School: _____

Address: _____

Telephone: _____

CANDIDATE SPONSOR

Name: _____

Address: _____

Title: _____

Please list in the order of importance, the contributions the candidate has made which had a positive impact on the DARE Program. Please list any honors or awards the candidate has received since becoming involved with the DARE program.

Nominations must be postmarked by March 1, 2022. Mail or email nomination application and supporting paperwork to:

Ryan Sheehan--- ryan_sheehan@glendaleheights.org

300 Civic Center Plaza

Glendale Heights, IL 60139



Candidate Nomination Form

Illinois Officer SCHOLARSHIP Award

Full Name: _____ Title: _____

Department: _____ # of Officers: _____

Address: _____

Date of Birth: _____ Sex: _____ Telephone: _____

E-mail Address: _____

Illinois DARE Training (DOT) Date: _____

DARE Mentor Training Date _____ Location: _____

Conference / In-Service Training: _____ Location: _____

Registration Fee Request \$ _____ Lodging / Meal / Travel Request \$ _____

Other assistance requested (amount) \$ _____ Consideration for: _____

General Information: Must be an IDOA Member in good standing (dues paid and DATA Sheet)

A \$750 Carr Scholarship was received and can be awarded to New DARE Candidates for Illinois' DOT or current DARE Officers who would like to further their education to attend the DARE Mentor Training (upon training team approval) or other needs specified.

Statement of Need:

I acknowledge all information is true and support the candidate's request for training or need.

X _____ Department Head Signature
Complete application and mail or email request by March 1, 2022 to:

Ryan Sheehan--ryan_sheehan@glendaleheights.org

300 Civic Center Plaza

Glendale Heights, IL 60139