Complete all required sections on this form. **Providing false information or failure to disclose any drug involvement(s) may result in your elimination from scholarship competition.**

1. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than those prescribed by a physician or dentist?  
   - ______Yes  
   - ______No

2. Have you ever used LSD, Marijuana, sniffed glue or other hallucinogens, hypnotics, stimulants, or other known harmful or habit forming drugs and/or chemicals?  
   - ______Yes  
   - ______No
   
   If you answered “YES” to either question above, provide a detailed explanation below with the approximate times, amounts taken, and period over which taken, and complete #3.

   a. Type of drug(s) used:

   b. Approximate number of times used:

   c. Amount taken:

   d. Method by which taken:

   e. Inclusive dates of use (be specific):

   f. Were you convicted or arrested for the drug use admitted?

   g. Circumstances under which the drug use occurred such as experimentation, peer pressure, etc.

3. _____(Initial): I fully recognize the negative influence of drug abuse and categorically reject the abuse of drugs both now and for the future.

4. __________ Date filled out and signed (MMM/DD/YYYY)

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**SIGNATURE OF WITNESSING OFFICIAL**

______________________________

**SIGNATURE OF APPLICANT**

______________________________

**PRINTED NAME OF WITNESSING OFFICIAL**

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**PRINTED NAME OF APPLICANT**

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For NSTC use only: Applicant Ser #