



Vaping Scholarship Contest Application Form

Full Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____

Smoke-Free for: _____

Please write 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, are you planning to do anything different now to help raise awareness of the risks 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 a former smoker (I have not use tobacco cigarettes in the last three months), and (3) I have read and understand the Quitday.org Vaping 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

vaping-scholarship@quitday.org

Keep a copy for your records.