APPLICATION FORM

Recovery Scholarship

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Mailing Address: _____

RECOVERY & HOUSING DETAILS

Sobriety Date: _____

Recovery Program/Sober Living Residence Name: _____

Program/Residence Address: _____

Move-In Date: _____

Current Housing/Residency Fee: _____

Scholarship Amount Requested: _____

Funds Payable To: _____

(Name of landlord, recovery residence, service provider, school, vendor, or other organization receiving payment.)

PERSONAL STATEMENT

Please describe your recovery journey, how this scholarship will support your goals, and your financial plan for maintaining future housing expenses if assistance is awarded. Please also provide a Letter of Residency on official Recovery Program/Residence letterhead confirming your current residency, fees, any past-due balance, and an authorized contact's name, title, email, and phone number. (Attach additional pages.)

Applicant Signature: _____ Date: _____

AWARD LIMIT POLICY

Applicants may receive one award per Foundation program within a 12-month period. To ensure equitable distribution of funds, only one applicant per sober living or recovery residence may receive funding per calendar month. All awards are subject to eligibility requirements, committee review, Board approval, and available funding.