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.

APPLICATION FORM

Family Support Scholarship

APPLICANT INFORMATION

Full Name: _____

Relationship to Person in Recovery: _____

Phone: _____

Email: _____

Mailing Address: _____

FAMILY SITUATION

Number of Dependents: _____

Monthly Household Income: _____

Type of Assistance Needed: _____

Amount Requested: _____

How will funds be used: _____

Funds Payable To: _____
(Name of landlord, recovery residence, service provider, school, vendor, or other organization receiving payment.)

PERSONAL STATEMENT

Please describe how your family has been affected and how this support will help stabilize your household (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, no more than one applicant associated with the same facility, provider, or organization may receive funding per calendar month. All awards are subject to eligibility, approval, and available funding.

APPLICATION FORM

Move Mountains Grant

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Mailing Address: _____

GRANT DETAILS

Recovery Milestone/ Sobriety Date: _____

Educational/ Employment Goal: _____

Educational Institution: _____

Program of Study: _____

Expected Enrollment Date: _____

Amount Requested: _____

How will this grant help you move forward: _____

Funds Payable To: _____

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

PERSONAL STATEMENT

Please describe how this grant will help you rebuild your life in recovery and move toward your goals (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 associated with the same school, educational program, training provider, employer, or organization may receive funding per calendar month. All awards are subject to eligibility requirements, committee review, Board approval, and available funding.