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.