

# Help an Addict

## SCHOLARSHIP APPLICATION



A not for profit program of Professional Training Association & Care Florida  
Save a life, Save a family. All donations are matched dollar for dollar.

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Must be 18 years or older to be eligible.)

Marriage Status:  Married  Single  Separated  Divorced

Do you have any children under the age of 18 years old?  Yes  No

If yes, will someone be able to care for your children will you are receiving treatment?

Yes  No, I will need to care for my children well I am receiving treatment for my addiction.

What are your current living arrangements?

Own my home  Rent  Live with Parents  Other

**Addiction Information**

**Please check which type of addiction(s) you suffer from:**

- Alcohol       Compulsive Gambling       Illegal Drugs       Sexual Addiction  
 Compulsive Shopping       Internet & Gaming Addiction       Prescription Drugs

**How long have you suffered from your addiction(s) ? \_\_\_\_\_**

**Please describe the nature of your addiction.**

**What are the negative consequences of your addiction?**

**In your own words describe why you believe you need help with your addiction.**

If this application is being submitted on behalf of someone else, the individual this scholarship is for should fill out this section of the application.

**Employment Information**

Are you currently employed?  Yes  No

**If, yes please answer the following questions.**

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What is your current profession?: \_\_\_\_\_

What is your monthly household income?: \_\_\_\_\_  
(Proof of income may be required when your scholarship is approved.)

Does your current employer provide benefits, including insurance that may offset the cost of getting treatment for your addiction?

Yes  No

Please indicate your monthly expenses. Please list major expenses and total estimated expenses.

**Finical Information**

Is there anyone else in your family who can help you with your tuition?  Yes  No

Is there anyone else in your family who could co-sign a loan for you?  Yes  No

Do you have health insurance?  Yes  No  
(The office will contact you regarding accessing your insurance.)

Please indicate how much you are able to contribute to your treatment: \_\_\_\_\_  
(Those who can fund the largest portion of their treatment are most likely to receive scholarship funding)

## Eligible Treatment Center

Have you already chosen a treatment facility?  Yes  NO

Not all treatment facilities meet the qualification required to receive Help an Addict Assistance scholarship. Eligible Treatment Facilities must meet the following requirements.

1. Be accredited by a National Accreditation Agency such as the Joint Commission.
2. Facility must be willing to match the Help an addict donation dollar for dollar.

**The facility must send us the following prior to consideration of your scholarship:**

- Proof of accreditation.
- Your proposed admission date.
- Indicate their willingness to provide the Matching funds for Your treatment.

If granted the scholarship, is there anything you can do to repay this scholarship (so that it can be used for others in need) after you graduate?

Yes  No

What are you willing to do for your recovery?

## Scholarship Application Policy

Help an Addict can only give partial scholarships. I understand that if I receive a scholarship I must be ready and able to enter into treatment within 72 hours after notification of receipt of the scholarship. I also understand that if awarded this scholarship and I turn it down for any reason, I will no longer be eligible to receive future scholarship assistance.

Applicants must complete all required sections of this application to be considered. Application that are received that are incomplete will not be considered.

I agree to the Scholarship application policies set forth above, and will complete all section with true factual information. I understand that if I falsify any information I will be disqualified from receiving a scholarship and not eligible to re apply.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_