

CODY'S FRESH START CHARITY WORKS SCHOLARSHIP APPLICATION



APPLICANT INFORMATION										
Last Name				First			M.I.	Date		
Street Address						Apartment/Unit #				
City				State			ZIP			
Phone				E-mail Address						
Birthdate				Social Security No.				Male or Female		
Drug of Choice/How Much Used Daily										
Any Previous Treatment?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Used Drugs Before Age 16?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Health Insurance?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what?						
Have you ever been incarcerated?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Help Requested (Circle): Medical Detox - Inpatient Treatment - Outpatient Treatment - Sober Living - Addiction Counseling - All - Other										
If Other, explain:										
How Much Requested?										
Other Helpful Information:										
FAMILY MEMBER										
<i>Please list at least one family member.</i>										
Full Name							Relationship			
Email							Phone			
Address										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge. All personal information will remain private. If this application leads to a scholarship, I understand that false or misleading information in my application or interview may result in denial of the funds.										
Signature						Date				