

# CODY'S FRESH START CHARITY WORKS SCHOLARSHIP APPLICATION



<b>APPLICANT INFORMATION</b>									
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						
Are you in treatment now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Do you have a sponsor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Help Requested (Circle): Medical Detox - Inpatient Treatment - Outpatient Treatment - Sober Living - Addiction Counseling - Other									
If Other, explain:									
How Much Requested?									
Other Helpful Information (please give plenty of information and use back of form if needed):									
<b>FAMILY MEMBER OR FRIEND WILLING TO COME TO OUR FAMILY PROGRAM</b>									
<i>Please list at least one family member or friend.</i>									
Full Name				Relationship					
Email				Phone					
Address									
<b>DISCLAIMER AND SIGNATURE</b>									
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			