

Shannon J. Scholarship, Inc.

801-388-4049/801-695-0702 PO Box 452 Roy, UT 84067

Application for Financial Assistance

The Mission of Shannon J. Scholarship, Inc. is to assist those seeking help with their Drug and Alcohol Addictions, but do not have the financial capabilities to do so. The Shannon J. Scholarship will help cover costs associated with Drug and Alcohol rehabilitation at preselected Clean and Sober Living Programs and preselected Individual and Group Counseling Programs.

A. Minimum Requirements:

1. Must be 18 years of age or older
2. Must have proof of Utah residency
3. Application must be completed in full

B. Additional Requirements:

1. Must be accepted into approved Clean and Sober Living Programs and/or approved Individual and Group Counseling Programs
2. Must be willing to sign a 'Release of Confidential Information' form, which will allow Shannon J. Scholarship, Inc. to communicate with Rehabilitation Staff. This is necessary to determine approval of and/or continued financial assistance from Shannon J. Scholarship, Inc.
3. Upon request, you may be asked to provide additional information regarding personal financial situation

**Shannon J Scholarship, Inc. is not available for assistance for any form of prescription medication*

**Scholarships for transition to Sober Living are limited to the initial first 30 days of residency. We understand that special circumstances do arise and these will be reviewed on a case by case basis.*

Shannon J. Scholarship, Inc. prohibits discrimination on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, genetic information, and any other class of individuals protected from discrimination under state or federal law.

SJS is a non-governmental, private non-profit foundation and reserves the right, in its sole discretion, to review, accept or reject any application submitted

All information provided herein is confidential and will not be shared with a third party without written consent of Applicant.

Personal Information:

1. Full Name: _____ 2. Date of Birth: _____

3. Marital Status: Single Married Divorced Widowed

4. Address: _____

Are you:

Renting your home Own/purchasing your home

Living in a family members/friends home _____

5. Number of Dependants financially responsible for: _____

6. Phone: Home: (____) _____ Mobile: (____) _____

Work: (____) _____

7. Have you ever applied for the Shannon J. Scholarship in the past? Yes No

8. Do you personally know anyone currently associated with Shannon J. Scholarship, Inc. (ie: Board Members, friends or family members of its Staff) Yes No

(Yes) Who: _____

9. How did you hear about Shannon J. Scholarship, Inc.? _____

10. Please list an alternative contact for SJS to reach in case of an emergency or if SJS is unable to make contact with you.

Name: _____ Relationship: _____

Phone Number: _____

11. What Clean and Sober Living Program/Treatment Center/Counseling Service are you seeking assistance for? _____

Source of Income:

1. Are you currently Employed []Yes []No

Where: _____

2. Please list all sources of income: _____

3. What is your Estimated Combined Yearly Household Income:

- [] less than \$10,000 [] \$10,000-\$20,000
- [] \$20,000-\$30,000 [] \$30,000-\$40,000
- [] \$40,000-\$50,000 [] more than \$50,000

4. Do you have a checking and/or a savings account []Yes []No

5. Are you willing to provide a current copy of bank statement []Yes []No

Shannon J. Scholarship, Inc. will only use this information to insure that the Scholarship is not being defrauded or abused. The information will also help Shannon J. Scholarship, Inc. to better understand your financial situation.

6. Do you currently have medical insurance? []Yes []No

Have you contacted your provider for benefits and eligibility []Yes []No

What portion of rehabilitation will they cover? _____

7. Have you sought financial help from:

- [] Family: Whom _____
- [] Clergy: Whom _____
- [] Other: Whom _____

Prior to applying for SJS please seek assistance from the above. Every little bit will help insure that SJS will be available to more people seeking help. (example: family able to cover every other week , SJS covers other) please contact SJS if you needed further explanation.

8. Are you seeking []Full Scholarship []Partial Scholarship

If seeking Partial Scholarship, please specify weekly amount needed \$ _____

9. Are you a United States Military Veteran [] Yes [] No

If yes, are you in contact with the VA [] Yes [] No

There are many recourses available through the VA to assist military Veterans. SJS is willing to help you get in contact with a VA representative.

10. Shannon J. Scholarship, Inc. does recognize that many struggle with unique challenges. Unfortunately, no application can perfectly represent unusual, unexpected, or extenuating circumstances. For this reason we invite you to share with us the financial difficulties you face.

11. Please describe drug and alcohol history and Treatment history:

Sobriety Date: _____ Days Clean _____

Applicant Signature Date

Completed applications can be mailed to PO Box 452 Roy, UT 84067

Shannon J. Scholarship, Inc.

801-391-1926/801-388-4049 PO Box 452 Roy, UT 84067

Authorization to release Confidential Information

I _____ (Name) _____ (Date of Birth)

Authorize the [] Verbal and/or [] Written release and exchange of my confidential information. I understand that by doing so Shannon J. Scholarship, Inc. (SJS) has my permission and consent to speak with Rehabilitation Center Staff and/or Counselors. This release will allow SJS to assess my continued financial assistance and continued eligibility of the Shannon J. Scholarship.

I release information between the following specific Individuals and Organizations:

Shannon J. Scholarship, Inc. and _____ and its Staff.
(Rehabilitation Program Name)

Shannon J. Scholarship, Inc. and _____ and its Staff.
(Counseling Service provider)

Shannon J. Scholarship, Inc. and _____.
(Name of Counselor)

I understand that I may revoke this consent at any time by notifying the above parties in writing. By doing so, I further understand that this may affect my eligibility and continued financial assistance for Shannon J. Scholarship, Inc.

(Signature) _____ (Date)

This release of Information remains in effect for one year from the date of signature unless otherwise notified in writing.