2016 Friends of the Haven Scholarship Awards Program

Friends of the Haven and Community First Foundation are proud to join forces to continue improving the quality of life of women and their infants and small children by announcing the Friends of the Haven Scholarship Awards Program.

The purpose of this scholarship is to provide educational assistance for addicted women who have successfully completed a residential addiction treatment program so that they may enhance their career possibilities.

Program Guidelines & Priorities:

- Applicants must have successfully completed a residential addiction treatment program.
- Applicants must have the endorsement of their CAC/OTC Counselor.
- Applicants must complete the Free Application for Federal Student Aid (FAFSA).
- Application deadline is December 15. Late applications will not be accepted.
- Scholarship funds will be paid in installments (i.e. by semester or quarter), based on the structure of the college or university for the recipients first year. Scholarship will be paid directly to the college or university.
- A GPA average of at least 2.0 is required for continued payment of scholarship installments.
- Candidates desire to give back to the community must be reflected in the application.

Thank you for taking time to apply for this scholarship opportunity!

To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow the instructions along the way.

Once completed, please submit all your information as follows:

By Mail: Friends of the Haven
PO Box 102375
Denver, CO 80250

By Email: friendsofthehaven@havenfriends.org
Applications will be reviewed and recipients selected by a committee consisting of Friends of the Haven staff and board members. The scholarships will be awarded in time to meet the school’s tuition payment dates.

Applications will be judged on the following criteria:

Completion of all parts of the application.
Quality of two-page essay.
Likelihood of degree or certificate completion.
Treatment Program Graduation Status

Applications may be downloaded from the Friends of the Haven website at: www.havenfriends.org/scholarship-society

Please submit any questions to: friendsofthehaven@havenfriends.org.
1. Applicant’s Full Name: ____________________________________________
   LAST NAME    FIRST NAME    MIDDLE INITIAL

2. Applicant’s Complete Address:
   _____________________________________________________________
   STREET ADDRESS
   _____________________________________________________________
   APT
   _____________________________________________________________
   CITY               STATE/PROVINCE          ZIP CODE
   _____________________________________________________________
   COUNTY
   _____________________________________________________________
   PHONE             E-MAIL ADDRESS

3. Previous education:
   High School attended: __________________________________________
   Grade completed: _______
   Prior college credits earned that could be transferred:
   _____________________________________________________________
   Professional certificates: _____________________________________

4. Date FAFSA completed (or will be completed): ______________________

5. Name of college, university or accredited certificate program you hope to attend:
   ______________________________________________________________

6. Date of planned enrollment: _____________________________________

7. Field of study: ________________________________________________

8. Attach a two-page essay describing how the residential addiction treatment program has shaped who you are today. Discuss the impact receiving a postsecondary education will have on your future and the ways in which you plan to give back to the recovery community. Please include any other comments that will help us to understand your desire for this scholarship.

9. Attach a letter of recommendation from your OTC or substance use treatment counselor.

2017 Friends of the Haven
STATEMENT OF ACCURACY FOR CANDIDATES

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Foundation’s scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the Haven Foundation Scholarship policy, I must be present at any potential awards ceremony, surprise, or reception in (date/month) to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to the Foundation Scholarship policy, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to my educational institution for my (first, second, third, or fourth) semester in (month/year).

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _______________________________ Date: ____________

STATEMENT OF SUPPORT BY SUBSTANCE USE TREATMENT COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to the 2017 Friends of the Haven Scholarship Awards Program.

Name of Counselor submitting the application: ________________________________

Contact information (email and phone): ________________________________

Signature of Counselor: ________________________________ Date: ____________