



## No Excuses LTD. Sober Living Scholarship Application

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Emergency Contact Name & Phone: \_\_\_\_\_

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### Sober Living Information

Name of Sober Living Home/Program: \_\_\_\_\_

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

Program Contact Person: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Expected Move-In Date: \_\_\_\_\_

Monthly Program Cost/Rent: \$ \_\_\_\_\_

Length of Stay Requested: \_\_\_\_\_

### Financial Assistance Request

Purpose of Funds (check all that apply):

Security Deposit \$ \_\_\_\_\_

First Month's Rent \$ \_\_\_\_\_

Other: \_\_\_\_\_

## Recovery Background

**Sobriety Date:** \_\_\_\_\_

### Current/Past Recovery Program Participation:

- Inpatient Treatment Date: \_\_\_\_\_ Location: \_\_\_\_\_
- Outpatient Treatment Date: \_\_\_\_\_ Location: \_\_\_\_\_
- Intensive Outpatient Program (IOP) Date: \_\_\_\_\_ Location: \_\_\_\_\_
- 12-Step Meetings Date: \_\_\_\_\_
- Counseling/Therapy Date: \_\_\_\_\_
- Other: \_\_\_\_\_

**Please briefly describe your recovery journey and current support system:**

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### Current Financial Situation

#### Employment Status:

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Disability
- Student
- Other: \_\_\_\_\_

**Monthly Income:** \$ \_\_\_\_\_

**Monthly Expenses:** \$ \_\_\_\_\_

**Please explain your financial need for assistance:**

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## Goals & Stability Plan

What are your goals while living in sober housing?

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How will this assistance help support your recovery and stability?

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### Required Documents Checklist

Please attach the following:

- Photo Identification
- Treatment Completion Certificate
- Referral Letter/Case Manager Recommendation
- Proof of Sobriety Program Participation
- Other Supporting Documents
- Attached Essay (a description of past use and **Relapse Prevention Plan**)

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### Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in denial of assistance.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Organization Use Only

Date Application Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

### Decision:

- Approved
- Denied
- Pending Additional Information

### Notes: