

## Kacie's Cause Recovery Residence Scholarship Application

All scholarship applications will be reviewed by our scholarship committee. By signing this application, you grant permission for members of the scholarship committee to review all information reported on the application form. Part of the application form must be completed and signed by the applicant and part must be completed and signed by a substance use treatment professional. Application to the program does not guarantee the award of scholarship money.

For an individual to be considered for a recovery residence scholarship they must meet the following criteria.

1. Demonstrate a strong commitment to long-term recovery from substance use disorder
2. Currently live or previously lived in Pennsylvania prior to treatment
3. Incomplete applications will be returned.

Please scan and email your application to [scholarships@kaciescause.org](mailto:scholarships@kaciescause.org) or access the online application at [www.kaciescause.org](http://www.kaciescause.org)

### Referral Information:

Applicant Name: \_\_\_\_\_ DOB \_\_\_\_\_ Last PA County of Residence \_\_\_\_\_

Gender: M  F  Have you previously stayed in a recovery residence (sober living home)? Yes  No

Referring Professional \_\_\_\_\_ Title \_\_\_\_\_

Email address \_\_\_\_\_

Telephone number \_\_\_\_\_

Referring Organization \_\_\_\_\_

Why are you referring this applicant for a recovery residence scholarship?

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### Statement of Referring Professional/Residence Owner

I certify that to the best of my knowledge, the applicant named above requires financial support to secure recovery housing as part of his/her recovery plan.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Recovery Residence Information

Name of recovery residence to which you are referring the applicant \_\_\_\_\_

Administrative Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of recovery residence owner or authorized representative (must be able to make payment arrangements)

\_\_\_\_\_  
Email address \_\_\_\_\_

Telephone \_\_\_\_\_

Expected applicant move-in date \_\_\_\_\_ Weekly rent \_\_\_\_\_

Address of recovery residence \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Applicant Information

Have you previously stayed in a recovery residence? \_\_\_\_\_

If yes, what was the name of the residence you stayed in? \_\_\_\_\_

What are your goals for achieving long-term recovery?

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## Statement of Applicant

By signing this application, I attest that the following statements are true and accurate currently.

1. I do not have the financial resources to move into a recovery residence
2. I am or have been a resident of the State of Pennsylvania for at least sixty (60) days (excluding treatment or incarceration)
3. I will use this assistance to work towards my goals for achieving recovery as described above
4. I will abide by the rules of the recovery residence
5. I understand that Kacie's Cause does not endorse any recovery residence or recovery pathway
6. I give permission for the Kacie's Cause scholarship committee members to receive all information contained in this application and to receive information from the recovery residence regarding my progress and compliance with residence rules and expectations
7. I give permission for members of the Kacie's Cause scholarship committee to discuss my commitment to and progress in my recovery from substance use disorder

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## For Kacie's Cause Scholarship Committee Use Only

### Outcome

Approved: Yes  No  Amount Funded \_\_\_\_\_ Check # \_\_\_\_\_ Date Mailed \_\_\_\_\_

NOTES: