



Scholarship Application for SOS Advanced Recovery Bootcamp

Personal Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Email

Are you willing to volunteer at SOS for at least 25 hours over the next 90 days? YES NO

Are you currently a member? YES NO If yes, since when?

Do you have any limitations? YES NO

If yes, please explain:

Do you have transportation? YES NO

Which do you consider yourself? (Circle which apply) A person in Recovery A family member An Allie Other

If Other Please Describe

If you identify as a person in recovery are you currently sustaining over 6 months of personal recovery? YES NO

Although we are open and willing to discuss, we highly recommend at least 6 months of recovery before applying for a bootcamp scholarship.

Why do you want to take advanced Recovery Bootcamp?

How do you plan to use the information you learn in the bootcamp? _____

What are your personal and professional goals? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. .

Signature: _____ Date: _____