

Serenity Sunday Scholarship & Recovery Fund
Application for Financial Aid

Name: _____ Phone Number: _____

Current Address: _____

Date of Birth: _____ Social Security No: _____

Name of Recovery Program in which you are involved: _____

Sobriety Date: _____ Are you employed? YES NO (circle one)

Do you have a Sponsor? YES NO (circle one) If yes, please list your sponsor's name & phone number as a reference : _____

References: (Please list 2 people we may contact as a reference for you)

Name: _____ Phone: _____

Name: _____ Phone: _____

How much money are you applying for to aid your recovery? _____

Write a description of how you would use scholarship & recovery fund money to further your personal recovery:

RETURN COMPLETED APPLICATION BY
FAX TO: 480-374-5103