

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

Number of recovery meetings you attend weekly: \_\_\_\_\_

Do you have a sponsor? YES NO (circle one)

If yes, please list your sponsor's name as a reference: \_\_\_\_\_

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

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

\_\_\_\_\_ 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:

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**RETURN COMPLETED APPLICATION BY**  
**FAX TO: 480-948-9575**