



No Excuses Ltd.

Sober Living Scholarship Application

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Emergency Contact Name & Phone: _____

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: _____

Did you receive any other funding?: _____ **If so, from where?:** _____

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:

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:

Goals & Stability Plan

What are your goals while living in sober housing?

How will this assistance help support your recovery and stability?

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: _____

Organization Use Only

Date Application Received: _____

Reviewed By: _____

Amount Approved: \$ _____

Decision:

- ☐ Approved
- ☐ Denied
- ☐ Pending Additional Information

Notes: