



Just Believe Recovery Center, LLC Scholarship Application

1. There is an ongoing opportunity for scholarships. However, they will be available only as funds permit.
2. You will need to meet the eligibility requirements before being considered for a scholarship. You will need to include all of the supporting documents specified. Failure to do so will result in denial of your application.
3. If any question does not apply to you, please put N/A in the space.
4. **Admissions will be in direct contact with you by phone to provide support as your eligibility for a scholarship is determined.**

Purpose: To provide scholarships, as fund permit, to those seeking treatment for addiction to drugs and/or alcohol, as well as those who may also suffer from a mental health condition.

Award Components: Awards will be presented as funds permit, and on a case-to-case basis.

Criteria

1. Applicant must demonstrate that they are taking positive steps toward recovery
2. Applicant must complete therapeutically recommended length of treatment. If Applicant chooses to leave treatment, he or she will be responsible for the set cost for the program.
3. Applicant must maintain appropriate behavior as described in the Client handbook and follow the rules and expectations of the program.
4. Applicant and Just Believe Recovery staff must agree to the confidential nature of a scholarship with regard to other clients. Disclosure of this information is grounds for immediate dismissal.
5. Scholarships awarded are required to be kept confidential, and upon being awarded, a nondisclosure agreement must be signed and violation of this may result in the termination of the scholarship.

Application Process

Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly)
2. Personal Essay. Please answer the question, ***“What does recovery look like to you?”***
3. Optional, but preferred: letters from your current therapist and a family member or friend detailing the impact on your life.

Submission

Information may be emailed to giftoflife@justbelieverecover.com or faxed to 772-252-1236.

Those received from health care professionals, however, **MUST** be emailed from the providers' work email and/or with an official letterhead or signature.



Just Believe Recovery Center, LLC Foundation

Please type or print your answers. If application is illegible it will be returned to you.										
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7	Current treatment (if any) you are receiving/seeking (therapy, IOP, IP, PHP, dietitian, etc) and where you are seeking it:									
8	List the name(s) and contact information of those involved in your treatment:									
9	Current Treatment Expenses (out of pocket , please itemize and include frequency):									
10	Current Itemized Monthly Income (include any additional sources of financial support besides salary):									
11	Current Monthly Expenses (Without treatment – please itemize): 1. Rent – 2. Food –									

	3. Utilities – 4. 5. 6.
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12	If there is a significant amount not covered by your monthly income, how do you pay for those expenses? (ie: you live with family members)
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13	What support system do you currently have in place?
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14	What is your treatment history?
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15	What legal problems do you have, due to your addiction, if any? Please include parole, probation and any restitution owed.
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16	Do you have any medical conditions related to your addiction?
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17	Are you in a relationship, and if so would describe its impact on your addiction?
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18	Describe your family life growing up and how they view your addiction.
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19	What drugs do you use, how frequently and what amount?
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20	What mental health treatment, if any, have you had?
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21	Do you have any children, and if so, can you describe how they have been impacted by your addiction and how they feel currently about your use?
22	What is your current perception regarding your health, your mental health, any other issues, and recovery? (anything you think would help us understand how <i>you feel</i> regarding your condition)
23a	What negative and positive behaviors do you currently engage in, and in what frequency?
23b	If applicable, how has your answer to question 16 changed if you have already started treatment?
24	How has your addiction impacted your life financially?
25	How has your addiction impacted your life in general (relationships, school, jobs, etc)?
26	Is there anything else not detailed here or in your personal essay that should be considered?

Personal Essay

Please answer the following question below or attach additional pages as needed:

What does recovery look like to you?

All scholarships are conditional to the agreement that if a client who has been provided with a scholarship to treatment at Just Believe Recovery, LLC makes the decision to leave treatment prior to the therapeutically recommended discharge date or is therapeutically or administratively discharged for inappropriate behavior or infraction of the rules, the said client will be billed for the full cost of treatment.

I understand and accept the entire above requirements and expectations. YES NO

Signature of Client

Date _____

Signature of Client's guarantor if client is under age or financially dependent.

Date _____

Scholarships applications must be completed and presented to Just Believe Recovery Center's Admissions Department for consideration, and approval by the Just Believe Recovery Board Members and the Clinical Director.

All applications can be sent via fax to (772) 252-1236 or e-mailed to giftoflife@justbelieverecovery.com

All scholarship applicants will be notified of decision regarding their scholarship application as soon as possible.

Thank you for applying!