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## Scholarship Application

The Heart of Recover welcomes the opportunity to invest in your personal development and the achievement of your career goals. Please complete this application and provide the requested materials and submit by midnight April 1, 2019.

**Employee Name:** \_\_\_\_\_

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

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

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

**Work Location:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Hire/Rehire Date:** \_\_\_\_\_

**Enrollment Program/Institution:** \_\_\_\_\_

**Enrollment Period:** \_\_\_\_\_

**Program of Study:** \_\_\_\_\_

**Number of credits for which you are enrolled:** \_\_\_\_\_

**Credits required for completion of course of study:** \_\_\_\_\_

**Level of Study (certification, undergraduate, graduate):** \_\_\_\_\_

**Please include the following with your application:**

Resume

2 completed reference forms

Essay outlining your aspirations for both continuing education and your career journey

Proof of enrollment

(if not available, must be provided by 12/31/2019 for 2019 awards and 12/31/2020 for 2020 awards.)

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**Submit completed application to: [heartofrecoverscholarships@recoverhealth.org](mailto:heartofrecoverscholarships@recoverhealth.org)**

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