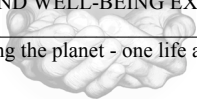


RECOVERING HANDS

RESIDENTIAL HEALTH AND WELL-BEING EXTENDED-CARE CENTER

“Reclaiming the planet - one life at a time”



Craig Buley Memorial Scholarship Application Instructions

The purpose of this program is to provide partial scholarships to individuals who want to attend a personal growth program. Please read this information carefully before signing the application.

Detach the instruction sheets before mailing the application form to Recovering Hands.

V. Comments by Reviewer of Application

(For office use only. Applicant may leave this section blank.)

I understand and agree to all requirements listed on the attached Instruction Sheet.
Save Instruction Sheet for your record. Mail only Application Form.

Signature _____

Date _____

Award Values:

Each year, Recovering Hands Board of Directors reevaluates the scholarship program to make adjustments in the number of scholarships and the value of each awarded. Scholarships, which vary according to each program, are generally awarded at approximately 50% of costs. Some funding may be subject to sponsor's guidelines. The funding policy is reviewed semi-annually.

Criteria for Selection:

Finances: Over one half of the criteria for selection is based on financial need and one's ability to contribute a share of the program costs. The majority of recipients (90%) have

- annual household income less than \$40,000 (extenuating circumstances considered)
- request support for personal growth (not professional development).

Rating Criteria:

The Board of Directors for Recovering Hands developed the following rating system which represents the Board's priorities for the current fiscal year. (The corresponding section on the application is shown in parenthesis.)

1. Financial Assistance statement. (section IIA)
2. Financial needs as determined by income statements and explanation of special circumstances. (sections IIC and IV)
3. Applicant's ability to contribute portion of fees. (section IIB)
4. Statement of reasons to attend. (section IIIA)
5. Promise of follow-up in recovery. (section IIID)
6. Quality of Support Letters. (section IIC)

Support Letters:

We require two letters of support from people who are aware of your financial and recovery situations, at least one must be from a counselor or therapist. For example: Your doctor, counselors, clergy, program leaders, and others in your community or family who recognize your recovery efforts and financial issues.

Previous Treatment:

Individuals who have not previously attended a codependency/ chemical dependency treatment program are given priority in the selection process.

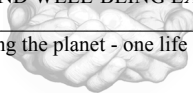
Program Selection:

Applicants must be processing an application – or in dialogue with a Recovering Hands Registrar before a grant can be considered. Some indication that the program has an opening for you is important. Reserved funds help no one when a recipient fails to register.

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The Selection Committee Process

Scholarship recipients are chosen by the Board of Directors' Selection Committee.

Qualifying Candidates:

First time applicants are given priority. Previous recipients, without referrals for revisits, may be considered for additional awards after two years.

Processing Applications:

The Committee meets quarterly (four times a year) to review applications. Most applicants are notified within six weeks after submitting a completed application. Non-approved applications may be held for re-examination when new funds become available or an award expires.

Submitting Your Application

All of the following information must be received before an application is forwarded to the Selection Committee. Please send a complete package to avoid delays. Mailing address is shown on the last page of the Application Form.

1. **A completed and signed application.**
2. **Two letters of support from people who know your financial and recovery situation(s).**
3. Copies of your most recent pay stub, a recent tax return, W2 or 1099 forms, and/or other proof of income and need for yourself (and your spouse, when applicable). Circumstances beyond the control of the applicant that delay registration will be considered only if documented in writing to Recovering Hands prior to expiration date.

Scholarship Recipient Requirements

By signing the application, all award recipients agree to the following conditions and terms.

Notification: Recovering Hands will contact both the award recipient and the program registrar immediately by telephone and/or written confirmation.

Time Frame: Scholarships must be applied within six months or will be retracted and reassigned. Attendance may fall past the six-month period, but the commitment to the requested program must be finalized (with required deposit) within six months.

Circumstances beyond the control of the applicant that delay registration will be considered only if documented in writing to Recovering Hands prior to expiration date.

Payment: Scholarships are endorsed to the program site. Checks are mailed directly to the program site and held until registration day. Scholarships may not be used for deposits. Any fees not covered by the scholarship are the responsibility of the recipient and must be paid in full before the scholarship is applied. Grants are not transferable to the recipient as reimbursement for non-refundable deposits or incidental costs.

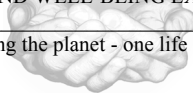
Follow Up: After completing the program, each recipient is asked to send a thank you letter to the Craig Buley Memorial Scholarship Fund. The letters are shared with contributors and may be used, anonymously, in future fundraising campaigns

Recovering Hands ~ 4067 Beulah Road ~ Nathalie, VA 24577
434.349.9789

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(The three month grace period provides time to collect your portion of costs.)

C.) Attach to application:

- Proof of Current Income for self and spouse (ie: pay stubs)
- Tax Return Most recent (include W2 or 1099)
- Two Letters of Support

III. Recovery Efforts

A.) Why do you wish to attend this program?

B.) Previous program(s) attended: (Use additional paper if necessary.)

Name: Date:

Location:

C.) Briefly describe past efforts to sustain your recovery.

D.) Do you plan to continue in recovery? How?

IV. Special Circumstances

Is there any additional information you wish the committee to know?

Signature _____ **Date:** _____