

Michael's Active Recovery Scholarship Application

Full Name _____

Date of Birth _____

Preferred contact information _____

EMAIL _____ Phone number _____

Physical Address _____

(if shelter or homeless please explain living situation) _____

Scholarship Request Type (circle one)
Detox/Rehab Recovery Residence Get on Your Feet/Other financial Burden

Preferred organization for treatment or aid (if applicable) _____

Have you applied for the MAR Scholarship previously? _____

Have you ever received any treatment for SUD, AUD or Mental health? _____

Do you currently have medical insurance? (if so, please include information) _____

Insurance Provider _____

Please include provide a close/personal contact in the event a MAR representative cannot reach you _____

In the space below, please provide a brief statement explaining why you would be a good recipient for a MAR Scholarship (if in recovery and looking for either a recovery residence scholarship or a scholarship to "get on your feet" please share details of what your recovery story has been to this point.

Complete applications may be returned via email to Michaelsactivercovery@gmail.com or mailed to 267 West Main St Fort Kent, Me 04743 a representative will confirm upon receipt.