



Scholarship Application

Contact Information

Full Name:

Age:

Drug of choice:

Please list the recovery house where you will be residing:

Please list the full name of the primary contact at the recovery house:

Treatment History

Total number of treatment episodes:

Please list the facility where your most recent treatment episode was completed and date of completion:

Have you ever overdosed?

Have you ever attempted suicide or have a history of self-harm?

Are you currently prescribed medication assisted treatment?

Are you currently on any prescribed medications? If so, please list:

Recovery House History

Have you previously resided in a recovery house?

If yes, please list name of house(s) and dates of stay:



Social History

Have you ever been incarcerated? If so, please list reason:

Do you have current legal issues? If so, are you mandated to be in treatment and/or reside in a sober environment?

Do you have a family history of substance abuse disorder?

Financial Support

Are you currently employed?

Is your family able and willing to help with living expenses?

Note: This scholarship is intended to help individuals who have no financial support.

Are you eligible for financial assistance through the Capital Area Behavioral Health Collaborative Scholarship Program (CABHC) or other forms of financial aid? If so, please list:

Have you applied for other scholarships? If so, please list:

12-Step Fellowship

Are you currently attending AA or NA meetings?

Essay

The Mighty Mehal Foundation is dedicated to providing scholarships to those individuals who have no financial resources, but are committed to pursuing a life recovery. Please provide a written explanation as to why you believe you should receive a scholarship from The Mighty Mehal Foundation (a minimum of 250 words required).