



Substance Abuse Recovery House Scholarship Application

The purpose of this scholarship is to assist individuals from Chester County who require financial assistance to enter a Recovery/Sober Living House as part of their journey towards greater independence and freedom from substance abuse. Completion of this application does not guarantee a Recovery House Scholarship.

Eligibility Criteria:

Kacie's Cause wishes to assist those individuals who are committed to the Recovery Process.

Scholarship funds will provide for treatment and/or sober living placement in the Chester County area.

If you meet the above criteria for a Kacie's Cause Recovery Scholarship, please complete the application below. If you do not meet this criteria and are in need of assistance, please contact us at www.kaciescause.com

Applicant's Name: _____ Date of Birth: _____

Home County: _____

Requesting Scholarship To:

Name of Recovery House: _____ Phone: _____

Recovery House Address: _____

City: _____ State: _____ Zip Code: _____

Person the applicant spoke with at the Recovery House: _____

Date the applicant is moving into the house: _____

Referring Professional's Name/ Organization: _____

Statement of Referring Professional (Please Complete and Sign):

I hereby certify that _____ requires financial support to secure recovery housing as part of his/her Recovery Plan.

(Signature of Referring Professional)

Date: _____

Statement of Referred Applicant (Please complete and sign):

I, _____, certify that at this time, I do not have the financial resources to move into a Recovery House. I also certify that I have been a resident of Chester County for at least two (two) consecutive months, prior to today's date, excluding and jail time, hospitalization and/or institutionalization. I understand that this scholarship will assist me in securing the Substance Abuse Recovery House resources appropriate to my Recovery Plan. I will use the assistance to the best of my ability to work towards my goals of

I agree to work towards these goals and to abide by the rules of the Recovery House. I understand that data regarding my level of compliance with recommended treatment and the rules of the Recovery House may be shared with Kacie's Cause for their use in monitoring the outcomes of this scholarship project.

Name: _____ Date: _____

Reference Name: _____ Phone Number: _____

*The point of the reference is to speak with someone to attest to your commitment to the recovery process. This can be any person in your life that can speak to this goal.

To submit your completed application, mail to: Kacie's Cause, 232 Longwood Road, Kennett Square, PA. 19348 or email to: andy.kaciescause@gmail.com

Note: Any unused paid scholarship monies, due to dismissal or client leaving the program will be credited to Kacie's Cause. The Funds will be retained by the facility