



Instructions for Submission:

1. Please complete all fields in the following application. If you need additional space on any questions, please utilize a separate sheet of paper and make sure you label the question.

2. Please attach the following:

- **Completed scholarship application**
- **Any additional sheets you may have needed to answer questions**
- **One letter of recommendation**

Please allow 3-5 weeks for your application to be reviewed by our scholarship review board. Should your scholarship application be accepted, your referring professional will be called and notified of your acceptance. Information regarding the status of your application will not be given over the telephone. For questions regarding the status of your application, kindly send us an e-mail to larrybisnettscholarship@projectsoar.us

To ensure compliance with HIPAA, please fax the completed application to:

**Project SOAR Recovery Residences LLC
ATTN: Larry Bisnett Scholarship Fund Review Board
Fax: (954) 900-9980**

Larry Bisnett Scholarship Application

The purpose of this scholarship is to assist individuals from Miami-Dade, Broward and Palm Beach Counties who require financial assistance to enter our program as part of their journey toward greater independence and freedom from substance abuse. Completion of this application does not guarantee funding through the Larry Bisnett Scholarship Fund.

Please Print Clearly

Applicant's Name: _____

Date of Birth: ____/____/____

Social Security Number: _____

Phone (if applicable): _____

Race: _____

Gender: Male / Female

FL ID Number: _____

Home County: _____

Referring Professional's Name:

Facility/Organization Name:

Facility/Organization Address:

City: _____ **State:** _____ **Zip**

Code: _____

Referring Professional's Phone: _____

Referring Professional's E-Mail:

Fax: _____

****Please note we must have an e-mail address on file in order to complete this application. All communication is sent via e-mail to the referring professional****

Statement of Referring Professional (Please Complete and Sign):

I hereby certify that _____ requires financial support to secure supportive 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 Project SOAR Recovery Residence. I also certify that I have been a resident of Miami-Dade, Broward or Palm Beach County for at least two (2) consecutive months prior to today's date including any jail time, hospitalization and/or institutionalization. I understand that the Larry Bisnett Scholarship will assist me in securing a clean, safe, sober and responsible living environment that will assist me in living a substance free life. I will use the assistance to the best of my ability to work toward my goals of:

Self Assessment Questions (Please complete)

What does recovery mean to you?

How are you connected to your current recovery community?

How do you incorporate respect and gratitude into your daily life?

The Larry Bisnett Scholarship covers the cost associated with residing at our residence for a period not to exceed (2) weeks at a rate of up to \$140.00 per week (Maximum total scholarship is \$280.00). How will you provide for the remainder of your financial needs? (ie: food, basic needs, transportation)

I agree to work toward these goals and to abide by the rules of Project SOAR Recovery Residences program. I understand that data regarding my level of compliance with the rules of Project SOAR's program may be shared with the referring body for their use in monitoring the outcomes of this scholarship and that Project SOAR Recovery Residences will not release any identifying or confidential information regarding this scholarship without my consent.

Signature of Applicant

(Date)

Scholarship Deadline
There is no deadline for submission

This Section Is For Project SOAR LLC Staff Only

Application: ___ Approved ___ Rejected Due To: _____

Signature of Project SOAR Staff

(Date)