



RECOVERY COACH ACADEMY APPLICATION

APPLICANT INFORMATION

FULL NAME:

Last

First

M.I.

DATE:

ADDRESS:

Street Address/City/State/Zip

Apartment/Unit #

PHONE:

EMAIL:

LIVED EXPERIENCE INFORMATION

Describe the lived experience you have with recovery or with someone close to you that has Substance Abuse Disorder?

**Are you interested in working in recovery support services?
Explain?**

How do you plan to use the Recovery Coach Training in your day-to-day life?



REFERENCES

Please List three references

FULL NAME:

RELATIONSHIP:

COMPANY:

PHONE:

ADDRESS:

Street Address/City/State/Zip

FULL NAME:

RELATIONSHIP:

COMPANY:

PHONE:

ADDRESS:

Street Address/City/State/Zip

FULL NAME:

RELATIONSHIP:

COMPANY:

PHONE:

ADDRESS:

Street Address/City/State/Zip

MAY WE CONTACT REFERENCES?

Yes

No



FINANCIAL NEED

The cost of the 4-day Recovery Coach Academy is \$250.

If you would like to be considered for a scholarship, please FULLY complete the "Financial Need" below.

Employed? Yes No If employed, where?

Monthly Income (including all sources): \$

If no income, how do you currently pay monthly expenses? (transportation, cell phone, baby diapers, entertainment, vape, etc.)

How many people live in your household?

Do you live in a share residence other than family? Yes No

(ie: sober living, roommate(s), supportive housing, senior shared living, transitional housing....)

Please tell us why you need this scholarship:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that this application will be reviewed and it does not guarantee that the applicant will receive a scholarship.

SIGNATURE:

DATE:

Please email completed applications to beth.snyder@lighthousecc.org