

2019 UYP Recovery Track Scholarship Application

SEND YOUR COMPLETED APPLICATION TO:

Email: uyp.scholarships@YOUTHPOWERNY.org

Subject: UYPOASAS

Mail: YOUTH POWER!, 737 Madison Ave, Albany, NY 12208

Fax: 518-434-6478

Due by: May 13th, 2019

Please fill out ALL sections in order to be considered for a scholarship. The more information we know about you, the better we are able to determine scholarship awardees!

Applicant Information

Name: _____ Date of Birth: _____

Gender: _____ Race/Ethnicity: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Home Phone (with area code): _____ Cell: _____

E-mail Address: _____

Please note, you will be contacted via email if you have been selected for a scholarship.

Are you involved with any youth groups? (Circle one) Yes No

If yes please list the name of the group(s) and your role:

Name: _____

Role: _____

Do you have regular access to email? Yes No

If yes, how often do you access it? Daily Weekly Monthly

Please note, you will be contacted via email if you have been selected for a scholarship.

What service systems have you used in your life? (Circle All That Apply)

Mental Health Foster Care Juvenile Justice Developmental Disability

Addiction Recovery Special Education Vocational Other Disability Services

Other: _____

What is your connection to Recovery?

I am in Recovery

I am a friend or family member of someone in recovery

I am an Ally of Recovery

Other: _____

Short Answer Questions

Please give us detailed answers to all of the following questions. The more you say, the better we get to know you. It is best to attach another sheet of paper if you are not typing this directly into the document.

1. As an OASAS scholarship applicant, you must be willing to join Youth Voices Matter-NY and become a member or an ally and connect, quarterly, with your Regional Youth Recovery Program Specialist. What would you be willing to contribute as a member or as an ally of Youth Voices Matter-NY in your community?

2. Why do you want to attend the Recovery Track and what do you hope to get out of it?

Signatures

This application was completed to the best of my ability. All information about myself is truthful and factual to the best of my knowledge. I completed this application on my own and/or with the assistance of the support person identified below.

Signature of Applicant: _____

Date: _____

Printed name of Support Person, if applicable: _____

Signature of Support Person, if applicable: _____

Date: _____

Please contact us if you have questions.

Phone: 518-432-0333 x26

Email: uyy.scholarships@YOUTHPOWERNY.org