



Quarter Applied For: _____

The Justin Foundation Scholarship

To promote Drug Addiction Counselor Certification

Student's Name: Last _____ First _____ Date of Birth _____

Social Security Number _____ (optional)

Address _____ City _____ St _____ Zip _____

Email Address _____ Phone _____

Parents/Guardians (if a minor) _____

Ages of other dependent children in family _____

Schools Attended (Attach additional sheet if necessary):

High School Name _____ City _____ State _____

Dates Attended _____ Graduated _____ Degree _____

Junior College Name _____ City _____ State _____

Dates Attended _____ Graduated _____ Degree _____

College/University Name _____ City _____ State _____

Dates Attended _____ Graduated _____ Degree _____

List schools to which you are attending or have applied and status:

1. _____ Attending Accepted Applied

2. _____ Attending Accepted Applied

Organizations: List significant activities in which you have participated and age. (Example: Church, age 5 – 15; Scouting, age 8 – 12)

Volunteer Service: List the most significant volunteer efforts in which you have participated. Indicate services performed and months/years of service. (Example: Community Service Project XYZ, 6/02 – 12/03)

Work Experience/Internships: List your primary work experiences. (Example: Half-Way House ABC, 4 hours per week, 3/03 – 9/04)

Are you registered with a Certifying Organization? Yes No

Which Certifying Organization? _____

Are you a registered student with NAADAC Yes No

Have you ever been convicted of a felony No Yes (Attach Explanation)

Permission to conduct background check No Yes _____
Signature

Required as part of this application are the following items:

- Two letters of “professional” reference (non-relatives)
- One page stating your intended major and career goal (300 words or less)
- One page stating personal goals you have set for yourself (300 words or less)
- Proof of application, acceptance or attendance at a CAADAC, CAADE, or CCBCDC Approved School. Recommendations for programs can be found at <http://www.caadac.org/schools.htm> and <http://www.californiacertificationboard.org/>
- Willingness to schedule and attend a personal or telephone interview with representatives of The Justin Foundation (if requested)

I acknowledge that all information submitted is true and correct to the best of my ability knowing that false statements can and will be grounds for denying or revocation of scholarship.

Signature _____ Date _____

ALL APPLICATIONS WITH ATTACHMENTS MUST BE POSTMARKED NO LATER THAN JULY 31th.