



Arkansas Association of Alcohol and Drug Abuse Counselors

Fall Workshop 2019 Scholarship Application

October 7-11, 2019 Ozark Folk Center, Mt View, AR

REMIT APPLICATION TO:

AAADAC
P.O. BOX 45386
LITTLE ROCK, AR 72214

Deadline for Submission
Must be received to AAADAC before
July 31, 2019

Name: _____ Credential (i.e. CIT, ADC, etc...) _____

Organization: _____

Contact Information

Home Phone: _____ Work Phone: _____

Your Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Number of wage earners in home: _____ Number of dependents: _____

AAADAC Member: (check one) Y ☐ N ☐ (If not a member, would you like to be? Y ☐ N ☐)

Have you ever received an AAADAC scholarship? (check one) Y ☐ N ☐

(If Yes, when was the last time you received a scholarship: _____)

**** Scholarship cover's only the cost of the Fall Workshop Classes, but not lodging this year.**

Please write a brief narrative explaining why you are requesting a scholarship. Describe specific financial need or any other associated hardships. Those demonstrating the greatest need will be considered as the recipients. Attach any documentation relevant to the application. Use this space only to respond.

AAADAC will not use your personal information (address, email, phone numbers) other than to register you for the workshop and send you information about the workshop and any additional AAADAC membership information and organizational activities. AAADAC is a 501 (c) (4) Nonprofit Organization and is registered with the IRS and State of Arkansas.