

MASSACHUSETTS BUREAU OF SUBSTANCE ABUSE SERVICES

SCHOLARSHIP REQUEST FORM

NEW ENGLAND SCHOOL OF BEST PRACTICES IN ADDICTION TREATMENT

(Formerly the New England Advanced School of Addiction Studies and the New England School for the Treatment of Opioid Dependence)

DEADLINE – JULY 31, 2009

PLEASE RETURN A COMPLETED SCHOLARSHIP REQUEST FORM ALONG WITH A COMPLETED NEW ENGLAND SCHOOL OF BEST PRACTICES IN ADDICTION TREATMENT APPLICATION (SIGNED AND DATED) BY JULY 31, 2009 TO: **IAN BAIN, DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES, 250 WASHINGTON STREET, 3RD FLOOR, BOSTON, MA 02108. FAX NUMBER (617) 624-5185.**

First Name _____ Last Name _____

Program/Agency/Address _____
Program/Agency Name

Street _____

City _____ State _____ Zip _____

Work Phone () _____ Home Phone () _____

Title/Position/Length of Employment _____

Home Address _____
Street

City _____ State _____ Zip _____

Please comment briefly about your interest in attending the New England School of Best Practices in Addiction Treatment:

Level of Education _____ Licenses _____

How long have you worked in the substance abuse field? _____

What is the primary focus of your program? _____

Have you ever attended the NESBP? _____ When? _____ Scholarship? _____

Signature of Applicant

Date

Signature of Supervisor

Date