

**MAINE OFFICE OF SUBSTANCE ABUSE**  
Department of Health & Human Services

**APPLICATION FOR SCHOLARSHIP ASSISTANCE**  
18<sup>th</sup> Annual New England School of Best Practices in Addiction Treatment  
August 23-26, 2010

Please print or type:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Please consider me for a Maine OSA scholarship (\$350) to the New England School of Best Practices in Addiction Treatment.**

- I certify I have not received a State-funded scholarship to the New England School in the past three years.
- I also understand that, if selected, I will be responsible for ensuring payment of the remaining portion of my registration fee directly to NEIAS on or before August 23, 2010 and for paying all personal travel and incidental expenses

**Applicant's Signature:** \_\_\_\_\_

OSA traditionally has awarded only one scholarship per agency, although each agency may submit an unlimited number of applications. Scholarship awards will be selected based on the following categories:

**Check one below:** I am:

- A professional working in the field of substance abuse.
- A volunteer working in the field of substance abuse.
- A representative of another profession or community member with an interest in learning more about substance abuse.
- An employee of the State of Maine whose job requires knowledge of substance abuse.
- A student enrolled in substance abuse courses.
- Other: \_\_\_\_\_

(OVER)

And: If I am not selected for a scholarship from OSA:

- I will withdraw my application.
- I will use the following means of paying the tuition.
  - Myself     My agency     Other: \_\_\_\_\_

Please note: Scholarships are NOT full scholarships. Recipients or their agencies will be responsible for the balance. Please indicate below how this balance will be paid.

If I am selected for a scholarship, the tuition will be paid by:

- Myself     My agency     Other: \_\_\_\_\_

**Please note the courses that you applied for on your School Application:**

<b>First Choice:</b>	<b>Second Choice:</b>	<b>If attending (two) two-day tracks please indicate second two-day track for Weds.-Thurs.: 2nd COURSE</b>

**Workforce Development Goals:** Please attach your professional development plan and explain how the School will help meet your professional development goals using the form provided. Professional development plans must show supervisory approval or approval of academic advisor if applicant is a student.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature (or other person approving payment of registration fee):**

\_\_\_\_\_ **Date:** \_\_\_\_\_

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**Mail or fax this scholarship application to:**

New England Institute of Addiction Studies  
Attn: Maine OSA Scholarship  
75 Stone Street  
Augusta ME 04330  
Telephone number: 207-621-2549    TTY: 207-623-0830  
Fax number: 207-621-2550  
E-Mail: [neias@neias.org](mailto:neias@neias.org)

**Scholarship applications must be received by July 19, 2010.**

Scholarship Recipients will be notified after the deadline. However, we recommend that you register for New England School of Best Practices before that date to ensure a slot at the School. Mail your completed Best Practices School Application form directly to NEIAS now and indicate that you have applied for a Maine Scholarship. Deposits will be refunded to you if you do not receive a scholarship and decided not to attend.

**PROFESSIONAL DEVELOPMENT PLAN  
ADDENDUM TO MAINE OFFICE OF SUBSTANCE ABUSE  
APPLICATION FOR SCHOLARSHIP ASSISTANCE**

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Please complete the following components of your professional development plan, or attach an employee professional development plan that provides this information.

<b>Professional Development Goals</b>	<b>Objectives to Achieve these Goals</b>	<b>Describe how attendance at the Summer School relates to these goals and objectives.</b>

Applicant's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_