

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

**APPLICATION FOR SCHOLARSHIP ASSISTANCE**  
(Please select one)

<p>_____ <b>2009 New England School of Addiction Studies - June 1 - 4, 2009</b></p> <p>_____ <b>2009 New England School of Prevention Studies - June 1 - 3, 2009</b></p>
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**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 Addiction Studies (NESAS) or the New England School of Prevention Studies.**

- I certify I have not received a State-funded scholarship to the New England School in the past three years.
- I have  I have not received a Maine OSA scholarship to attend the Prevention School previously.
- 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 June 1, 2009 and for paying all personal travel and incidental expenses.
- In addition to consideration for an OSA partial \$350 scholarship, please consider me for the Harold Miner Scholarship. One full Harold Miner Scholarship will be awarded.

**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 by a random drawing based on the following categories:

(OVER)

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

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 (Specify, including amounts): \_\_\_\_\_

**Please note the courses that you applied for on your  
NEW ENGLAND SCHOOL OF ADDICTION STUDIES APPLICATION:**

	<b>First Choice:</b>	<b>Second Choice:</b>	<b>Third Choice:</b>
<b>Track A:</b>			
<b>Track B:</b>			
<b>Track C:</b>			

**Please note the courses that you applied for on your  
PREVENTION SCHOOL APPLICATION:**

	<b>First Choice:</b>	<b>Second Choice:</b>
<b>Track A:</b>		
<b>Track B:</b>		
<b>Track C: <i>Optional - Addiction Studies School</i></b>		

**Workforce Development Goals:** Please complete the attached professional development plan and explain how the Summer School or the Prevention School will help meet your professional development goals. Professional development plan 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:** \_\_\_\_\_

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

New England Institute of Addiction Studies  
 Attn: Maine OSA Scholarship Committee  
 c/o NEIAS, 75 Stone Street, Augusta ME 04330  
 Phone: 207-621-2549      TTY: 207-623-0830  
 Fax: 207-621-2550      Email: [neias@neias.org](mailto:neias@neias.org)

**Scholarship applications must be received by April 9, 2009.**

Scholarship Recipients will be notified after April 16, 2009. However, we recommend that you register for the Summer School or Prevention School before that date to ensure a slot at the School. Mail your completed Summer/Prevention 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 decide not to attend.

**PROFESSIONAL DEVELOPMENT PLAN ADDENDUM  
TO MAINE OFFICE OF SUBSTANCE ABUSE**

<p><b>APPLICATION FOR SCHOLARSHIP ASSISTANCE</b></p> <p>_____ <b>2009 New England School of Addiction Studies - June 1 - 4, 2009</b></p> <p>_____ <b>2009 New England School of Prevention Studies - June 1 - 3, 2009</b></p> <p>_____ <b>Co-located Maine OSA Differential Substance Abuse Treatment Cognitive Behavioral Training – June 1 – 5, 2009</b></p>
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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: \_\_\_\_\_