

MASSACHUSETTS BUREAU OF SUBSTANCE ABUSE SERVICES
SCHOLARSHIP REQUEST FORM
NEW ENGLAND SCHOOL OF PREVENTION STUDIES

DEADLINE April 9, 2010

PLEASE RETURN A COMPLETED SCHOLARSHIP REQUEST FORM (SIGNED AND DATED) ALONG WITH A COPY OF THE COMPLETED NEW ENGLAND SCHOOL OF PREVENTION STUDIES APPLICATION BY April 9, 2010, TO: TONYA FERNANDES, DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES, 250 WASHINGTON STREET, 3RD FLOOR, BOSTON, MA 02108
TELEPHONE: (617) 624-5140 FAX: (617) 624-5185

1. Name _____ Phone _____

2. Program/Agency/Address _____

3. Home Address _____

4. Title/Position/Length of Employment/Area(s) of Expertise _____

5. Level of Education _____

6. How long have you worked in commitment based-prevention/health promotion? _____

7. Please comment briefly about your interest in attending the New England School of Prevention Studies:

8. How will you use the knowledge and skills gained from the experience in your daily practice?

9. Describe the strategies you will implement to transfer knowledge and skills to other staff in the field:

Signature of Applicant / Date

Signature of Supervisor / Date