

**THE RHODE ISLAND DEPARTMENT OF MHRH, DIVISION OF BEHAVIORAL
HEALTHCARE SERVICES, SUBSTANCE ABUSE TREATMENT & PREVENTION SERVICES**

**and the
DRUG & ALCOHOL TREATMENT ASSOCIATION OF RHODE ISLAND**

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

_____ **2010 NEW ENGLAND SCHOOL OF ADDICTION STUDIES**

June 14 - 17, 2010, St. Michael's College, Colchester, VT

_____ **2010 NEW ENGLAND SCHOOL OF PREVENTION STUDIES**

June 14 - 17, 2010, St. Michael's College, Colchester, VT

SCHOLARSHIP APPLICATION DEADLINE: April 23, 2010

Limited partial scholarships will be available. Priority is given to MHRH Division of Behavioral Health licensed agencies and people who have not received scholarships in the past 2 years. This Scholarship application is separate and different from the NEIAS registration form which must be sent directly to NEIAS.

RETURN (attach a copy of your completed NEIAS registration form showing your course selections),

TO: Lori Dorsey, LICSW, LCDCS, Senior Public Health Promotion Specialist, RI Dept. of MHRH, Division of Behavioral Healthcare Services, 14 Harrington Road, Cranston, RI 02920; **Phone:** 401-462-0645; **Fax** 401-462-6078

Date _____

Name _____

Home Address _____ Telephone (____) _____

Agency Address _____ Telephone (____) _____

How long with Agency? _____ How long in Substance Abuse field? _____

Has your employer approved your taking leave for this course? _____

Have you previously attended the Summer School? No ___ Yes ___ If yes, date _____

Have you previously attended the Prevention School? No ___ Yes ___ If yes, date _____

Have you applied for scholarship assistance from Substance Abuse Treatment & Prevention Services before? No ___ Yes ___ If yes, what was the result of that application?

Give a brief description of the major responsibilities you carry on your job: _____

List your reason(s) for wanting to attend this training event:

CONTINUED ON OTHER SIDE

Describe how this training will assist in your career development plans: _____

Your application will NOT be considered until you have completed the following requirements:

1. Your supervisor must sign this application approving your time off and courses that you select.
2. This application must be in the hands of Substance Abuse Treatment & Prevention Services by the specified deadline. Applications received after April 23, 2010 will be put on a waiting list.

The applicant agrees to take full responsibility for all negotiations and mailing of applications to the New England School. The applicant also agrees to return all scholarship money awarded if the course is not completed. Attendance at such events is monitored. IF THE APPLICANT FINDS THAT HE/SHE CANNOT ATTEND THE TRAINING FOR ANY REASON, HE/SHE MUST CONTACT LORI DORSEY AT 462-0645 OR Ldorsey@mhrh.ri.gov WITHIN FOUR (4) WEEKS OF THE EVENT SO THOSE ON THE WAITING LIST MAY HAVE THE OPPORTUNITY OF USING THE SCHOLARSHIP. If scholarship recipients do not attend a training event and do not notify the Department of MHRH/Division of Behavioral Healthcare Services, Substance Abuse Treatment & Prevention Services, they will not be considered for future scholarships.

Applicant's Signature _____ Date _____

***Clinical Supervisor's Signature:** _____ **Date** _____

***(Application will NOT be considered without the above signature)**