



**Alliance for
Housing and
Healing**

**PATRICK RUSH SERVICE AWARD
2017 Application - CONFIDENTIAL
Deadline: September 15, 2017, 5:00pm**

Personal Information

Full Name: _____
Last First M.I.

Home Address: _____
Street Address Apt./Unit #

_____ City State Zip Code

Primary Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Social Security Number: _____

Monthly Income: _____ Sources of Income (including any income from other public or private grants): _____

School Information

Name of School: _____

Address: _____ City: _____

State and Zip Code: _____ Phone Number: _____

Field of Study: _____ Expected Date of Completion: _____

Expected Degree and/or Certificate of Completion: _____

Tuition and Expenses: _____
 (Please attach a sheet detailing any expenses that would be paid by this \$5,000 award.)

Confirmation of Eligibility

Documentation of HIV Status: Please attach a diagnosis form from your doctor / medical provider. By signing this application you confirm that you meet the eligibility requirements.

Documentation of Participation in Recovery Program: Please attach documentation of participation in an appropriate recovery program for at least one year before the date of this application. The documentation may be a letter from a sponsor, counselor, or treatment program indicating the length of your participation. By signing this application you confirm that you meet the eligibility requirements. If you win the Patrick Rush Service Award, you agree to provide ongoing documentation of recovery status during the year of your award and you understand that any amounts that would otherwise be provided pursuant to this award may be forfeited upon any relapse.

Goals and Aspirations

What are your personal and professional goals? Please describe what you plan to do once you finish school and how your schooling will contribute to these goals. (Attach additional pages as necessary.)

Challenges to Goals

Please describe the challenges you have overcome including personal and financial difficulties. What obstacles might you face in the future and how might you overcome those challenges? (Attach additional pages as needed.)

Additional Information

Is there any additional information you would like us to consider? Have you volunteered for nonprofit organizations including Alliance for Housing and Healing, Aid for AIDS, or other service organizations?

Certification

I certify that I meet the eligibility requirements of the Patrick Rush Service Award as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof additional of that information. Falsification of information will result in termination of any award granted.

Applicant's Signature: _____ Date: _____

Completed, original, signed applications must be received by **September 15, 2017 at 5:00pm.**
Applications can be sent to: Alliance for Housing and Healing
Attention: Jack Lorenz / Patrick Rush Service Award
825 Colorado Blvd., Suite 100
Los Angeles, CA 90041