

PATRICK RUSH SERVICE AWARD 2016 Application - CONFIDENTIAL

Deadline: September 9, 2016, 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:	S	Social Security Number:			
		urces of Income (including any income			
Monthly 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 Completio	n:		
Expected Degree a	nd/or Certificate of Comple	etion:			
Tuition and Expens					
	(Please attach a s	heet detailing any expenses that would be pa	aid by this \$5,00	0 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
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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?
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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.
to
Applicant's Signature: Date:
Completed original signed applications must be resolved by September 0, 2015 at 5:00mm
Completed, original, signed applications must be received by September 9, 2016 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