



**Alliance for
Housing and
Healing**

**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: _____ Social Security Number: _____
 Sources 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 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.

