



**Scholarship Request Form for Assistance with
Certified Alcohol and Drug Certification (CADC) Training Tuition**

Date of Class: _____ **Class Title:** _____

City & County you reside in: _____

Amount Contributed by Student (cash/check/online pay): _____

Amount Requested: _____ *(maximum \$90 per class *must read below)*

Terms and Conditions of Scholarship upon approval by the board:

- 1) The scholarship is granted to those who have struggled with addictions who are actively pursuing their recovery, who are clean, and are serious about their sobriety and about pursuing this certification.*
- 2) The maximum donated per training will be \$90 so that the student has some "skin in the game" with their own contribution of minimum \$10 per training. (amount is based on an \$100 training fee)*
- 3) The student may secure their scholarship monthly for a maximum of 16 classes (\$1,440 maximum donation) provided they have no more than 1 missed training unless prior approved absence or medical reason.*
- 4) Scholarships are only valid for trainings attended in person hosted by Hopedealers Worldwide.*

Signature of Receipt: _____

Name: _____

Phone number: _____ **Email:** _____

(Board Member or Agency Employee Approval Signature): _____

Hopedealers Worldwide, Inc.

Address: 1558 Marietta Hwy Suite #200 Canton, GA 30114

Office: (770) 224-6825 Fax: (770) 224-6826

Website: www.hopedealersworldwide.com

Email: hopedealersworldwide@gmail.com