2015 NJ-DMHAS Career Ladder Scholarship
Summer School of Addiction Studies

Applicant Criteria
Funding support from New Jersey Division of Mental Health and Addiction Services enables the Education & Training Division to offer tuition support to a limited number of applicants who meet the following criteria:

1. Be a New Jersey resident
2. Be employed at a NJ-DMHAS, licensed program at time of application and at time of the Summer School.
3. Have a clinical license or certification (e.g. LPC, CADC, LCADC, LCSW, psychologist, etc.) and be able to provide license/certification number on application materials.

Each applicant must submit the following:

1. Provide a short letter co-signed by immediate supervisor stating length of employment at program, applicant’s role and population served by treatment program.
2. 200 word essay stating why scholarship would be important for your professional growth with the particular population you work with.

Applications due: May 25, 2015

Application Submission
A complete scholarship submission consist of the following requirements:

1. Completed scholarship form with all sections filled out
2. Scholarship form must be signed (digital signatures are not accepted)
3. Student statements typed on a separate page
4. A short letter co-signed by immediate supervisor
5. Completed SSAS registration form (online submission accepted)

The SSAS registration may be submitted via online registration. You may submit your application via email, fax, or regular mail. Please note, you MUST print, sign and scan the signature page. Applications submitted without a signature will not be processed.

Completed applications should be submitted no later than May 25, 2015 to:

Rozise Gadalla
Education & Training Division
Rutgers Center of Alcohol Studies
607 Allison Road, Piscataway, NJ 08854-8001
Email: rozise.gadalla@rutgers.edu
Fax: 732-445-3500

Completed applications received will be forwarded to Elizabeth Conte, Workforce Development and Training Coordinator, at NJ-DMHAS for review on a rolling basis.
Personal Information

Name ____________________________

DOB ________ □ Female □ Male □ Other

Mailing Address ____________________________

City/Town ____________________________ State ___________ Zip Code ___________ County ___________

Primary Phone ____________________________ Cell Phone ____________________________

E-mail ____________________________ (All communication will be made through email)

Demographics

Optional The question below is optional. No information you provide will be used in a discriminatory manner.

What is your ethnicity? (Please specify)

□ Latino/Hispanic □ Native Hawaiian or Pacific Islander

□ Asian □ White (including Middle Eastern, such as Egyptian)

□ Black/African American □ American Indian or Alaska Native

Employment

Are you currently employed? □ Yes □ No

Employment Status □ Full Time □ Part Time □ Unemployed

Employer ____________________________ Program: ____________________________

Position/Title ____________________________ Time with current employer ____________________________

Current Salary ____________________________ (Current salary is required to determine scholarship need)

Work Address ____________________________

City/Town ____________________________ State ___________ Zip Code ___________ County ___________

Work Phone ____________________________ Extension ___________
**Employer Information**

Do you work at a DMHAS-funded, DAS licensed, addiction treatment program? □ Yes □ No

*If NO, then you are not eligible for this scholarship*

What is your agency’s DMHAS, license #’s ______________________________________

Does your agency allocate money towards training? □ Yes □ No

Are you employed by the state of New Jersey? □ Yes □ No

Have you ever received a DMHAS scholarship for Summer School? □ Yes □ No

*If you are currently working at a DMHAS-licensed treatment agency, your application cannot be reviewed if the following supervisor information is incomplete.*

<table>
<thead>
<tr>
<th>Supervisor’s Name</th>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Credentials</td>
<td>Date</td>
</tr>
</tbody>
</table>

Supervisor’s Signature

*NOTE: A short letter co-signed by immediate supervisor stating length of employment at program, applicant’s role and population served by treatment program MUST be attached to the application.*

**Education**

Do you have a high school diploma? □ Yes □ No

Do you have a General Educational Development (GED) credential? □ Yes □ No

What is your highest level of education in what field of study you have obtained beyond high school?

- □ Associates Degree (AA) Field of Study___________________________
- □ Bachelor’s Degree (BA/BS) Field of Study___________________________
- □ Master’s Degree Field of Study___________________________
- □ Doctorate Field of Study___________________________

**Certification and License**

Do you possess any professional certifications and/or licenses? □ Yes □ No

If so, please list type of certification/license and number:

If you are working toward the completion of a New Jersey State license, certification, or recertification, please check which in the following list you’re working toward: (Check all that apply)

- □ LCADC
- □ CADC
- □ CDA
- □ CCS
- □ CPS
- □ RECERTIFICATION
- □ OTHER (Please specify)
Student Statements

Please complete the following student statements on a separate page. Your response MUST be typed and no more than 200 words each. Handwritten statements will not be accepted.

1. How did you hear about the NJ-DMHAS Career Ladder Scholarship?
2. Please indicate how the education will benefit your work in the addictions field. Please be specific as to how the courses you have chosen will help you.

Note: If you are not currently working in the field, please also attach your resume.

Signature

Date mm/dd/yyyy

Print Name

*Please review entire scholarship application and make sure you have all required documents needed. Send completed application SIGNED along with your completed Summer School of Addiction Studies registration. If you have any issues or concerns, please email us at cas_ed@rutgers.edu.