2015 Alumni Scholarship
Summer School of Addiction Studies

Scholarship Overview
The Alumni scholarship, supported by the Alumni Association of Alcohol and Drug Studies, aids new or returning students with the cost of tuition and/or housing. This scholarship is designed to support individuals who are committed to continuing their professional development. All potential SSAS students are encouraged to apply for this scholarship. A student statement about how the Summer School will benefit your work is required.

Note: Individuals who have received an Alumni Scholarship during the past year are not eligible.

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. 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: cas_ed@rutgers.edu
Fax: 732-445-3500
Online: http://alcoholstudies.rutgers.edu/ssas

Note: Please do not wait until you are awarded the scholarship to register for the Summer School of Addiction Studies. You will have until June 8, 2015 to withdraw from the summer school and receive a full refund if the scholarship is not awarded.
# Personal Information

Name  

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Suffix</th>
</tr>
</thead>
</table>

DOB  

| mm/dd/yyyy | Female | Male | Other |

Mailing Address  

| Number & Street | Unit # |

| 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.

<table>
<thead>
<tr>
<th>What is your ethnicity? (Please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Latino/Hispanic</td>
</tr>
<tr>
<td>☐ Asian</td>
</tr>
<tr>
<td>☐ Black/African American</td>
</tr>
<tr>
<td>☐ Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td>☐ White (including Middle Eastern, such as Egyptian)</td>
</tr>
<tr>
<td>☐ American Indian or Alaska Native</td>
</tr>
</tbody>
</table>

# 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  

| Number & Street | Unit # |

| City/Town | State | Zip Code | County |

| Work Phone | Extension |

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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:

__________________________________________________________________________

__________________________________________________________________________
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 Alumni Scholarship?
2. How will the Summer School of Addiction Studies benefit your work?

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

Financial Need

Which do you need assistance with? (Please check all that applies)

☐ Tuition Amount $__________________
☐ Housing Amount $__________________

Signature

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.