

**Behavioral Health Matters Scholarship
Educational Assistance Program (EAP) Application**

Date of Application: _____

Applicant Information:

Name:	Email:
Address:	Phone:

Institution Information:

Institution of Enrollment: <input type="checkbox"/> Ohio University <input type="checkbox"/> Marietta College <input type="checkbox"/> Washington State <input type="checkbox"/> Other: _____	
Currently Enrolled: <input type="checkbox"/> YES <input type="checkbox"/> NO *must be accepted and enrolled into an approved program prior to award	
Program Name:	Degree Level:
Program Start Date:	Expected Program Completion Date:

Scholarship Program Eligibility and Requirements:

Applicant has read, understands, and agrees to the following eligibility requirements:	
<input type="checkbox"/> Must be a Washington County Resident <input type="checkbox"/> Proof of enrollment in an accredited educational institution <input type="checkbox"/> Approved program of study in Social Work, Counseling, or Addiction Related Field <input type="checkbox"/> Must be pursuing an associate, baccalaureate, or master’s degree program <input type="checkbox"/> Resume <input type="checkbox"/> One letter of recommendation <input type="checkbox"/> One-page essay about your educational and career goals <input type="checkbox"/> Preference given to those enrolled in an approved program at a Washington County Educational Institution	
By signing below, applicant and employer acknowledge and agree to the program eligibility and requirements:	
Applicant Signature:	Date:

Upon Completion, fax application with corresponding documents to the Compliance Director at 740-374-6927 or send a scanned copy to info@wcbhb.org. Award determination will be sent via email to the applicant and the Executive Director.

******* WCBHB Office Use Only *******

Date Application Received:	Application Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO	Applicant Eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO
Application Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved: _____ <input type="checkbox"/> Other: _____		
Notes: 		
Date of Determination Sent :		