

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

**Date of Application:** \_\_\_\_\_

**Applicant Information:**

<b>Name:</b>	<b>Email:</b>
<b>Address:</b>	<b>Phone:</b>

**Institution Information:**

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

**Scholarship Program Eligibility and Requirements:**

<b>Applicant has read, understands, and agrees to the following eligibility requirements:</b> <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:	
<b>Applicant Signature:</b>	<b>Date:</b>

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

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

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