



The Ammon Foundation & Georgian Court University

Education Partner ~ Scholarship Application

Application Instructions

Application Requirement Checklist

All materials listed below must be completed by the deadline in order for the applicant to be considered.

- Application
- Transcript (if currently enrolled in school) indicating a 3.0 GPA or better for the last semester
- School's Acceptance Letter (if not enrolled)
- Two signed recommendation letters
 - One academic or professional
 - One personal reference, someone familiar with your recovery
- Completed FASFA and be enrolled full time in the fall and/or spring semester.

SUBMISSION OPTIONS

Completed applications and attachments should be scanned and emailed to esa@georgian.edu or mailed to:

Georgian Court University, Financial Aid Office
900 Lakewood Avenue
Lakewood, NJ 08701

All questions may be directed to esa@georgian.edu.

Students who are awarded a scholarship will be notified via email.

Application (The Ammon Foundation & Georgian Court University)

Today's Date: _____

Employees (FT, PT or contracted**), Advisory Council/Board Members, Board of Trustee Directors of The Ammon Foundation, Ammon Labs and Georgian Court University are not eligible to apply for Ammon Foundation Scholarships. Additionally any dependent child, legally adopted child, or a stepchild residing in the same household of the aforementioned (or retiree) do NOT qualify for the award.

- I certify that I am not related to any employees of The Ammon Foundation, the Ammon Labs or Georgian Court University.

Name: _____

Street Address: _____

City/State/Zip: _____

E-mail Address: _____

Phone Number: _____

Date of Birth: _____

Gender:

- Female
- Male
- Non-binary
- Prefer not to say
- Prefer to Self-Describe: _____

Which race/ethnicity best describe you? (Please choose only one)

- American Indian or Alaska Native
- Asian / Pacific Islander
- Black or African American
- Multiple ethnicity (please specify): _____
- Hispanic
- White / Caucasian
- Prefer not to say

Are you currently employed?

- Employed full-time
- Employed part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work
- Not employed, student

Are you a veteran? Yes _____ No _____

What is your current marital status?

- Single
- Divorced
- Widowed
- Other (please specify) _____

Number of people in your household other than yourself: _____

How are your household members related to you? _____

Where do you currently live?

- Rental
- Home I own
- Shelter
- Living with Family/ Friends
- Residential Treatment Facility
- Homeless
- Other (please specify): _____

What is your approximate household income?

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 +

If employed, job title: _____

If employed, what is your individual annual income?

- Not employed
- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 +

What is your recovery date? ____/____/____

Years in Recovery: _____ OR Months: _____

What is your recovery pathway? Please mark all that apply.

- Faith-based supported recovery
- Medication assisted recovery
- Managed use method
- Culturally specific paths to recovery
- Addiction/ Mental health services
- Natural change
- Social clubs or clubhouses
- 12 step programs
- Non-12 step support
- Other (please specify): _____

Do you currently have health insurance?

- Yes, insured by Medicaid
- Yes, insured by employer
- Not insured
- Other (please specify): _____

Have you ever been involved with the criminal justice system? ___Yes ___ No

This question is to inform Foundation data collection only, and your answer will not be included on the application that is scored by our selection committee.

For some awards, an interview is necessary. Do you agree to a phone/in person interview?

Yes _____ No _____

I understand that if I am awarded a scholarship, I agree to participate in the Ammon Recovery Scholars Program (attached and also on the Ammon Foundation website). *

Yes _____ No _____ Need more information _____

If you do not meet financial eligibility criteria, please explain your financial need for a scholarship.

How did you first hear about The Ammon Foundation?

- Ammon Empowerment Workshop
- Online search (e.g. Google, Yahoo, Bing)
- Online forum / discussion board
- Other (please specify, if referred by someone, please share who?)
- Social Media (e.g. Facebook, Twitter)
- Recovery Workshop
- News Article

Please attach to your completed application:

1. List any hobbies/volunteer experience you have
2. List any honors or awards you have received
3. Tell us your recovery story (up to 500 words)
4. What impact would receiving this scholarship have on you? (up to 500 words)
5. What is your educational and career goal? (up to 500 words)

Documents needed:

Recommendation Letter 1 (professional or academic)

Recommendation Letter 2 (personal, someone familiar with your recovery)

Identification: copy of driver's license or government issued ID

Verification of Income (last paycheck, W2, or letter from employer verifying salary)

Please read, required if awarded scholarship.



The
Ammon
Foundation

1622 South Wood Avenue, Linden, NJ 07036 | scholarships@ammonfoundation.org | 908-525-3735
www.ammonfoundation.org

Ammon Recovery Scholars Agreement

Congratulations on your scholarship award and **welcome** to the *Ammon Recovery Scholars Program!*

We hope to provide you with more than just financial support through the scholarship award, but also help to support your recovery, academic and professional pursuits. Our three program goals include:

1. Provide you a financial scholarship
2. Provide personal, professional and academic support to help you succeed
3. Create a supportive peer community whose focus is to advance the mission of combating the stigma associated with addiction and to promote that recovery is possible

I hereby accept the scholarship from *The Ammon Foundation*. I signify my acceptance by submitting a signed copy of this agreement. I understand that as a scholarship recipient, I am an **Ammon Recovery Scholar** and agree to participate fully in the Ammon Recovery Scholar's programming.

Program Requirements (please initial all):

- I understand that I am to attend the program identified in my application.
- I understand that funding will go directly to the program identified in my application.
- I understand that I must remain in good academic standing (this standard is based on the institution's or organization's standards).
- I understand that I must complete a check-in once during the term. Foundation staff will send me a short survey or will call me to complete the check in.
- I agree to participate in short and anonymous follow-up surveys at 90 days, 6 months and 1 year to assist the Foundation in collecting data.
- I further understand that the scholarship funds will be disbursed directly to the institution or to the bookstore connected to the institution.
- I agree to join a closed social media group (currently Facebook Group)
- I agree to attend the Ammon Foundation Annual Leadership Summit in August (this requirement will be examined on a case by case basis; this is free and travel scholarships are available)

Occasionally, the Foundation will host events for a myriad of reasons: fellowship, to gather ideas on how to improve Foundation programming, to provide Scholar's support and more. It is the expectation that you will make your best effort to attend these events.

Sharing My Story:

I understand, that as an Ammon Recovery Scholar I represent The Ammon Foundation as an Ambassador. My personal recovery story is essential to help combat the stigma connected to the disease of addiction. I, therefore, understand that my personal recovery story could be made public. The Foundation has information about messaging and will help me learn how to share my recovery story in an empowering and destigmatizing way.

I agree to share my story in the following way(s). {Please choose at least one option below, but may choose more than one}:

- _____ Sharing my personal recovery story, full name and a photo* for the Foundation’s blog. To do so, the Foundation will provide me with a set of questions to answer.
- _____ Sharing my personal recovery story with my first name only for the Foundation’s blog. To do so, the Foundation will provide me with a set of questions to answer.
- _____ Short testimonial with my name and photo*
- _____ Short testimonial with my first name only and no photo
- _____ Public speaking event with the possibility of photographs and media coverage
- _____ I give permission to tag me in social media when highlighting my story

I, _____ understand the program requirements, agree to the Ammon Scholars agreement above and accept the Ammon Foundation Scholarship Award.

Signature: _____

Date: _____

SAMPLE

*Photo Release – see below

*Photo Release

I, _____ hereby grant and authorize The Ammon Foundation the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in a professional manner, including but not limited to: website, social media platforms and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of The Ammon Foundation and will not be returned.

I hereby hold harmless, and release The Ammon Foundation from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

I warrant that I am of the age of consent (18 years or older) and that I am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

I understand that the role of an **Ammon Recovery Scholar** for The Ammon Foundation *requires* me to be a face and voice for recovery and my participation is not confidential or anonymous.

Name: _____

Signature: _____ Date: _____
