

Completely Fill Out Application and Mail or Email to

Address Listed At Bottom of Application.

Scholarship Application Funding Request From Jace Waters Foundation

Name: _____ Email _____
DOB: _____ Age: _____ Marital Status: Single _____ Married _____
Divorced: _____ Widowed _____ Gender: Male _____ Female _____ . Ethnicity: _____ .
Phone: _____

How did you hear about our Program? _____

Are You Receiving income benefits? Yes ___ NO ___ If Yes Attach Explanation of Benefits

Are you willing (Yes No) to work a full- time job? And Capable (Yes or No)?

Do you currently have a job? No Yes Where? _____

Current Treatment Center:

Address: _____ Phone: _____

Name of Contact: _____ Phone: _____

Do you have a sponsor? Yes or No Name and Phone #

Completed treatment: Yes Date _____ (attach copy of certificate of completion)

No Estimated Date OF Completion: _____

Do you have pending or current cases in the court system? Yes or No. If Yes Explain: _____

Currently Living: Streets Shelter Detox Jail/ Prison Friend Family Transitional treatment

Name of Sober Living House you are applying for: _____

Website: _____

Address: _____

Name of Contact: _____ email: _____

Phone # : _____

1. What led you to Sobriety and how long have you been Sober? _____

2. What are the goals for the Future? (short term-next 6 months) _____
_____ (long term 1-5 years) _____
3. Are You a spiritual person? _____ Do you believe in a Higher Power _____

1. Attach a brief letter to page 1 of application. Tell us why you feel you deserve help and why have you chosen us? Your goals and plans for staying sober? What have you accomplished so far?
2. Attach a recommendation letter from the sober living house you are applying to. This recommendation must include:
 - a. An explanation of the applicant's previous treatment history.
 - b. What makes this applicant a good candidate for your sober living house
3. Letter from your sponsor
4. Financial Statement
 - a. Income _____
 - b. Bills:
 1. Rent _____
 2. Phone _____
 3. Car Note _____
 4. Insurance _____
 5. Food _____
 6. Credit Cards _____
 7. Additional Debt/Expenses _____

 8. Anyone financially dependent on you? _____
5. Are you willing to check in and keep us updated on how you are doing?
 - a. Thank you note for grant
 - b. 2nd note about your 1st goal or milestone achieved (3month Mark)
 - c. 3rd note about your 2nd milestone or goal reached (6month)
 - d. 4th note about someone you helped or a 3rd goal reached.

*** IF this is the first time this Sober Living House has used our scholarships from our Foundation, the vetting process of this application could take up to 2 weeks

***Use this form beginning July 1, 2022. All previous application forms are void.

Complete Application and Send to-

Mail: Jace Waters Foundation, 26358 Cabinet Shop Rd., Loxley, AL 36551

Email: jacewatersfoundation@outlook.com

Phone: 251-550-5031