

# SCHOLARSHIP APPLICATION

315-Hour SUD Counselor Certification Program

## PLEASE READ BEFORE APPLYING

A-1 Education Provider offers a limited number of scholarships each month: **one (1) full scholarship (100%) and two (2) partial scholarships (25%, 50%, or 75%).**

Applications are reviewed on a rolling basis. If not selected, your application will remain on file for 90 days. After 90 days, you may reapply.

Scholarships are awarded based equally on financial need and personal statement.

## SECTION 1: APPLICANT INFORMATION

Full Legal Name	
Date of Birth	
Mailing Address	
City, State, ZIP	
Phone Number	
Email Address	

## SECTION 2: HOUSEHOLD & INCOME INFORMATION

Number of people in your household (including yourself)	
Total Annual Household Income (before taxes)	\$
Current Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time

**Are you currently receiving any public assistance?** (Check all that apply)

☐ CalFresh/SNAP ☐ Medi-Cal ☐ SSI/SSDI ☐ CalWORKs/TANF ☐ Unemployment ☐ None

## SECTION 3: PROOF OF INCOME (REQUIRED)

You must submit at least ONE of the following as proof of income. Check what you are submitting:

- ☐ Most recent federal tax return (Form 1040) — first two pages only
- ☐ Last two (2) pay stubs
- ☐ Public assistance award letter (CalFresh, Medi-Cal, SSI, etc.)
- ☐ Unemployment benefits statement
- ☐ Self-attestation letter (if no formal documentation available — explain circumstances below)

*If submitting a self-attestation, briefly explain your current financial situation:*

## SECTION 4: PERSONAL STATEMENT (REQUIRED)

Please answer BOTH questions below. Your responses are an important part of the selection process and are weighted equally with financial need. Write as much as you need — attach additional pages if necessary.

**1. Why do you want to become a Substance Use Disorder Counselor? What personal experiences, if any, have led you to this career path?**

**2. Describe any hardships or challenges you have overcome that demonstrate your commitment and resilience. How will completing this program impact your life and your community?**

## SECTION 5: CERTIFICATION & SIGNATURE

By signing below, I certify that:

- All information provided in this application is true and accurate to the best of my knowledge.
- I understand that providing false information may result in disqualification or revocation of scholarship.
- I understand that scholarship funds are applied directly to tuition and are non-transferable.
- I understand that if I withdraw from the program, any unused scholarship funds are forfeited.
- I understand my application will be kept on file for 90 days if not initially selected.

Applicant Signature	Date

## HOW TO SUBMIT

Submit your completed application AND proof of income to:

**Email: [scholarships@a-1education.com](mailto:scholarships@a-1education.com)**

*Questions? call 951-755-4955*