NAADAC
THE ASSOCIATION FOR ADDICTION PROFESSIONALS

NAADAC Scholarship Application

Please ensure that your application is received in a timely manner.

Please list the NAADAC Conference you would like to attend: _____

☐ Ms. ☐ Mr. ☐ Dr. Name: _____ Are you a NAADAC Member: ☐ Yes ☐ No If yes, Member ID #: _____

Mailing Address, City, State, Zip:_____

Daytime Phone Number (_____)_____ Fax Number (_____)_____ E-mail address _____

Are you a student? ☐ Yes ☐ No If yes, where do you go to school:_____ What is your area of study: _____

Number of **years** counseling (circle one) 0-5 5-10 10+ Do you need hours for credential requirements? ☐ Yes ☐ No

Short Answer Section

(*If you need additional space, please use another sheet or request a microsoft word version of this form from naadac@naadac.org. Please put "scholarship" in the subject line.****)***

1) Please state your need for a scholarship to attend the conference.

2) Please list the amount of assistance you are requesting and the amount you or others will be contributing. For what expenses (registration, accommodation, travel, etc.)?

3) Please explain your expectations for this conference experience.

4) Is there any other information you'd like to share with us?

Please return to: NAADAC, the Association for Addiction Professionals, 1001 N Fairfax St. Ste 201, Alexandria, VA 22314
p 800.548.0497 f 800.377.1136 naadac@naadac.org