



THE PATRICK R. SERVICE AWARD

Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apt./Unit #*

_____ *City* _____ *State* _____ *Zip Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Social Security Number: _____

Monthly Income: _____ Source of Income (including any income from other public or private grants): _____

Vocational School Data

Name of vocational school: _____

Address: _____ City: _____

State and Zip Code: _____ Phone Number: _____

Vocation studied: _____ Expected completion date: _____

Tuition and expenses: _____
(Please attach sheet detailing any expenses that would be paid by this award.)

Confirmation of Eligibility

Documentation of HIV Status: Documentation of HIV Status will be required prior to award of any funds. By signing this application you confirm that you meet the eligibility requirements and that you will provide documentation of HIV Status.

Documentation of Participation in Recovery Program: Documentation of participation in an appropriate recovery program for at least one year will be required prior to award of any funds. By signing this application you confirm that you meet the eligibility requirements. By signing this, you also agree to provide ongoing documentation of recovery status and you understand and agree that any amounts that would otherwise be provided pursuant to this award will be forfeited upon any relapse.

