



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM APPLICATION

Applicant Information:

Table with fields for Full Name (First, Middle Name/Initial, Last), Residential Address (Street Address, Apt/Suite #, City, State*, Zip Code), and Phone Number (Cell/Home/Business).

*Applicants must reside in New York State.

Demographic Categories: Please note that all demographic questions are optional. Your response(s) or lack of responses will not affect your admission into the Addiction Professionals Scholarship Program in any way.

Please select or indicate the appropriate fields below.

1. Legal Sex:

- Male
Female

2. Gender:

- Male
Female
Non-Binary
Other: _____

3. Are you Hispanic/Latino?

- Yes
No

If Hispanic/Latino, is your background:

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other: _____

4. Please indicate your race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

5. Is English your native language?

- Yes
- No

Please check one of the following:

I am an employee of one of the following program types**: <ul style="list-style-type: none">▪ OASAS-certified/authorized program▪ OMH or DOH-certified Integrated Outpatient Services (IOS-SUD) Program▪ DOH Drug User Health/Harm Reduction Program
I am an employee of a program that provides addiction care (prevention, treatment, recovery, or harm reduction services in another setting not reflected in the previous selection)**.
I am an individual/student who is interested in working in one of the OASAS/OMH/DOH settings reflected above***.

Credential Type (please check only one option):

CASAC-350
Combined CASAC-350/ CPP-250
Combined CASAC-350/ CPS-120
Combined CASAC-350/ Gambling-60
Gambling-60 Only (for individuals who already hold a CASAC credential)
CPP-250
Combined CPP-250/ Gambling-30
CPS-120

Combined CPS-120/Gambling-30
Gambling-30 Only (for individuals who already hold a CPP/CPS credential)
CRPA-50

- CASAC: Credentialed Alcohol and Substance Abuse Counselor**
CPP: Credentialed Prevention Provider (Requires applicants to already hold a bachelor's degree)
CPS: Credentialed Prevention Specialist
CRPA: Certified Recovery Peer Advocate

Please provide a brief statement about why you are applying for a scholarship opportunity for your selected program type, which should include, at a minimum:

- **any previous volunteer or work experience along the addictions continuum of care;**
- **your interest in working in the OASAS Provider System; and**
- **the qualities you possess that you believe would make you an effective CASAC/ CPP/ CPS/ CRPA.**

Required Scholarship Application Documents Checklist:

- **Addiction Professionals Scholarship Program Application Form**
- **Employment Verification Form (for applicants who selected one of the** employment options above)**
- **Three (3) Reference Forms/Letters of Recommendation on affiliate letterhead clearly indicating the signatory’s credentials/title/qualifications to write on the applicant’s behalf (Employment Verification Form may be submitted in lieu of one (1) Reference Form/Letter of Recommendation and is REQUIRED for any applicants who are working in an OASAS/OMH/DOH-certified setting and/or within a setting along the addictions continuum of care at the time of application **)**
- **Personal Statement (for individuals not currently employed in the addictions field***).**

____ Please initial this section **ONLY** if you agree to having your name and program selection shared with the NYS Office of Addiction Services and Supports (OASAS) for inclusion in their data collection regarding the Addiction Professionals Scholarship Program. This is completely voluntary and will NOT, in any way, affect your potential eligibility for a scholarship opportunity. Information will only be shared if you are selected to receive, and agree to accept, an OASAS-funded scholarship award.

Statement of Accuracy/Affirmation

I affirm that all the information I have provided in this application is my work and that it is accurate to the best of my knowledge and belief.

I affirm that I am not currently receiving another scholarship from the New York State Office of Addiction Services and Supports.

Applicant’s Name [Printed]

Applicant’s Signature

Date (MM/DD/YYYY)