**

*The Carol Sauers Stange*

*Education & Training Awards for Women*

Information about this Award:

*The Carol Sauers Stange* scholarship award was created by the family of the late Mrs. Carol Sauers Stange. Prior to her passing, she served as the Women's Program Director for the state of Kentucky’s Department of Mental Health/Division of Substance Abuse. Mrs. Stange was known for her dedication to women's substance abuse treatment and her passion for social justice.

Who Should Apply:

Award recipients will be Chrysalis House program graduates with dependent children. The recipient will be a woman who is dedicated to her recovery and is seeking to overcome obstacles as she strives to improve her life while also providing support for their family. The recipient of this award will receive up to $1,000. Applicants will have plans to enroll in college, are currently attending college or an advanced training program***,*** or are working towards a job advancement that requires specialized skills.

Application Deadline:

Applications for *The Carol Sauers Stange* scholarship award are due on ***April 15 (Spring Award) or September 15 (Fall Award) by 5:00pm.*** Applicants are to complete the application in its entirety. Submit completed applications and two letters of reference to Chrysalis House Executive Director, Kama McKinney. Place all application documents in a large, sealed envelope and mail to Chrysalis House, Inc., 1589 Hill Rise Drive, Lexington, KY 40504 Attn: Kama McKinney or email to Kamamckinney@chrysalishouse.org. Awards will be announced the first week of May and October,

**FOC Award Application**

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date you began treatment at Chrysalis House: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What level of treatment did you receive? Circle all that apply.

* Residential program
* Aftercare program
* Intensive outpatient program

Date you completed treatment with the Chrysalis House: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Personal Essays:

1. Please share about your journey in recovery. Describe the challenges you have faced while parenting in recovery and explain how you have overcome obstacles.
2. Please describe in detail your educational goals and desired career path. What educational institution are you attending or plan to attend? Explain how you would use the scholarship funds if selected.

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*I attest that the information provided is a true representation and that I am the person who completed this application. I agree that if selected for this award, all funds received will be used towards my educational and career goals.*

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach 2 letters of reference.