



Inmate Release and Recovery Scholarship Information Form

Name (As it appears on your driver's license)
Street Address City State Zip
Phone () Alternate Phone ()
Date of Birth SS#
E-mail Address @
Occupation Employer Phone
Church Affiliation
Married or Single (Circle one) Spouses name- Phone

For Scholarship Recipients under the age of 18: Parent/Legal Guardian: Please provide the following information about yourself.

Parent or Legal Guardian's Full Name Relationship to the Youth
Street Address City State Zip
Phone () Alternate Phone ()

Emergency Contact Information

Full Name Relationship to Recipient
Street Address City State Zip
Phone () Alternate Phone ()

Recipient Please describe your relationship with Jesus Christ

Three horizontal lines for describing the relationship with Jesus Christ.

Recovery House or Program recipient will be residing at:

Name
Street Address City State Zip
Phone () Alternate Phone ()
Name of current House manager, owner or director
Signature



Are you willing to make a commitment to regular church attendance and to attend local Christ centered recovery meetings? (circle one)

Yes No

Are you determined to stay sober and complete the recovery program you will be residing at and become a productive member of your community? (circle one)

Yes No

Are you willing to try your best to find work during your scholarship term, to pay rent after this scholarship has run out? (circle one)

Yes No

Note: We understand the following questions pertain to sensitive and personal information. Please be aware we rejoice with you that the blood of Jesus cleanses us from all unrighteousness IJohn 1:9. Nonetheless, the information is needed for legal aspects of this scholarship award.

Have you served prison time? (circle one) Yes No

If so, date/year of incarceration Name of Institution

Time served Release Date

Are you currently on probation or parole? (circle one) Yes No

If so, when did it begin? Termination Date County State

Probation or Parole Officer

Provide Phone number if available

Please list any additional questions or comments here:

Three horizontal lines for additional questions or comments.

This one-time Scholarship is being awarded in the amount of \$ and is being made payable to the program directly. CLPRM is not responsible for any continued housing expenses once the scholarship has been depleted.

Name of Director of CLPRM

Signature Date



Assumption of Risk

- 1. I am aware of the hazards and risks to my person and property associated with residing in a recovery program. Such hazards and risks include but are not limited to injury or death by accident, disease, war, terrorist acts, weather conditions, inadequate medical services or supplies, criminal activity and random acts of violence and information theft that may occur during my stay. I accept my responsibility as a recipient of a CLPRM scholarship with full awareness of these risks and, subject to any insurance coverage that may be available to me from another source, voluntarily assume all risks of death, injury and illness associated with such risks and any damage to my personal property, and I release CLPRM and their agents, officers, directors and volunteers from any liability whatever arising as a result of death, injury, illness or loss that I may suffer as a result of participation in this scholarship.
2. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid and binding obligation upon me, enforceable against me in accordance with its terms.
3. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read the foregoing Inmate Release and Recovery Scholarship Information Form and Assumption of Risk and understand its contents, and voluntarily sign this release as my own free act. This is a legal document and I understand that I have the option to consult with an attorney before signing it.

IMPORTANT: You must be at least 18 years of age to sign this form. If you are under 18 years old, this form must be co-signed by your parent or legal guardian.

Recipients Name _____ Date _____

Signature _____

Street Address _____ City _____ State ____ Zip _____

Phone (____) _____ Alternate Phone (____) _____

Parent/Legal Guardian: Please provide the following information about yourself.

Parent or Legal Guardian's Full Name _____ Relationship to the Youth _____

Signature _____

Street Address _____ City _____ State ____ Zip _____

Phone (____) _____ Alternate Phone (____) _____

Remember those in prison as if you were their fellow prisoners. Hebrews 13:3a