**Benzodiazepine Withdrawal:**

**How Behavioral Healthcare Workers Can Help**

**Scholarship Application**

Applications are reviewed on a rolling basis. Completed application packets should be submitted to:

|  |
| --- |
| Ricki Arvesen  cas\_ed@rutgers.edu (EMAIL)  (848) 445-4317 (PHONE) |

**Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |  | | | | | | |  | | |  |
|  | Last Name | | | | | | First Name | | | | | | | MI | | | Suffix |
| DOB |  | | | Gender: |  | | | | |  | | |  | | | | |
|  | mm/dd/yyyy | | |  | |  | | |  | | | | | |  | | |
| Mailing Address | | |  | | | | | | | | | | | | | | |
|  | | | Number & Street | | | | | | | | | | | | | Unit # | |
|  | | | | | | | | | | | | | | | | | |
| City/Town | | | | | | | | State | | | Zip Code | | | | County | | |
| Primary Phone | | |  | | | | | | Cell Phone | | |  | | | | | |
| E-mail\* | |  | | | | | | | | | ***(\*All communication will be made through email)*** | | | | | | |

**Employment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment Status | | | | Full Time | Part Time: How many hours work/volunteer per week: | | | | | | | | |  |
| Employer |  | | | | | | Program: | | |  | | | | |
| Position/Title | |  | | | | | Time with current employer | | | | | |  | |
| Work Address | | |  | | | | | | | | | | | |
|  | | | Number & Street | | | | | | | | | | Unit # | |
|  | | | | | | | | | | | | | | |
| City/Town | | | | | | State | | | Zip Code | | | County | | |
| Work Phone | |  | | | | | | Extension | | |  | | | |

**Education, Certification, and License**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a high school diploma or General Educational Development (GED) credential? | | | | | | | | | | | | Yes | No | |
| What is your highest level of education beyond high school? | | | | | | | | | | | | | | |
| Associates Degree (AA) | | | Bachelor’s Degree (BA/BS) | | | | Master’s Degree | | Doctorate Degree | | |
| Major/Field of Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| What type(s) of New Jersey State license or certification do you possess? C***heck all that apply and provide number(s)*** | | | | | | | | | | | | | | |
| LCADC | | CADC | LCSW | | CCS | CPS | LPC | | Psychologist | Other \_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Certification/license number(s): | | | |  | | | | | | | | | |

**Applicant Statements**

Please answer the following question as they relate to your current position or planned career path. **Your response should be no more than 100 words**, but please be specific.

1. How will attending this seminar benefit your current work in the field or your career path?