



REACH APPLICATION FOR DEPOSIT FEE WAIVER
DRUG & ALCOHOL TREATMENT ASSOCIATION OF RHODE ISLAND

Course Title _____
Date of course _____

Name _____
Home Address _____
Telephone _____
E-mail address _____
Agency Name _____
Agency Address _____
Agency Telephone _____

Has your employer approved your taking leave for this course? _____
Have you applied for scholarship assistance from REACH before? No _____ Yes _____
If yes, what was the result of that application? Approved _____ Denied _____

Comments or special accommodations:

You must meet the following requirements:

1. Your supervisor must sign this application approving your time off and courses that you select (if applicable)
2. Attendance in the course is monitored. If the applicant finds that he/she cannot attend the training for any reason, he /she must contact the REACH coordinator prior to the training.
- 3. If scholarship recipients do not attend the training event and do not notify the REACH coordinator they will not be considered for future scholarships.**

***Applicant's Signature** **Date**

***Clinical Supervisor's Signature:** **Date**

***(Application will NOT be considered without the above signature)**

Please Return Form To:

DATA of RI
Attn: Project REACH
200 Metro Center Boulevard, Unit 10
Warwick, RI 02886
Phone: 401-521-5759, ext. 117