



Maine Alliance for Addiction Recovery

MAAR

MAAR RECOVERY COACH TRAINING SCHOLARSHIP

Please Print

Name _____

Mailing address _____

City/town _____ State _____ Zip Code _____

Telephone _____

Email _____

Do you identify as a peer in Recovery? Yes___ No___

(Scholarships are limited to peers/allies for recovery who would not be able to attend without financial support. These partial scholarships are not intended for providers, please.)

On a separate sheet of paper, answer the following questions:

1. Why do you wish to attend the Recovery Coach Training?
2. How will you take the information you learned back to your community and share with others in the community?
3. Are you currently involved in any related substance abuse activities to support recovery and wellness? If yes, please describe.

Limited scholarships are available. How much of the registration fee can you afford? _____

If your scholarship application is approved, you will be notified by phone from a representative of MAAR

Send this completed form to:

Darren Ripley

Email: dripley@maineallianceforaddictionrecovery.org Fax: 207-622-4113

MAAR 295 Water St. Suite 108, Augusta, ME, 04330