



INDIAN CHILD AND FAMILY PRESERVATION PROGRAM

2525 Cleveland Avenue, Suite A Santa Rosa, CA 95403 • (707) 544-8509

Opportunities Not Opioids O.N.O. Scholarship

Application Checklist

- Youth Pledge (5pts)
- Applicant Profile (5pts)
- Photo (5pts)
- Essay (20 pts)
- Letters of Recommendation (2) (10pts)

The Opportunities Not Opioids Scholarship was created by the ICFPP through a grant for Opioid Overdose Prevention. Throughout our community we have lost many youth to opioid misuse and abuse. Our goal is to raise awareness about substance misuse and to provide alternative opportunities for youth to build self-confidence, self-awareness, empowerment, and a positive outlook on life.

Scholarship recipients will receive a \$500 scholarship. All applications will be reviewed by the ICFPP Scholarship Committee. Submit completed applications to admin@icfpp.net.



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ICFPP Scholar Pledge

Read and Initial next to each statement

I pledge to keep my body and brain and remain drug free. I will not consume tobacco, alcohol, or other mind/body altering substances. _____

I, or my parent/guardian, will make one post on social media to include the hashtag #OpportunitiesNotOpioids _____

I authorize the ICFPP to use my photos and share my experience on ICFPP social media accounts. * _____

If awarded the scholarship, I will submit photos and a three-sentence summary upon completion of my activity. Photos and a summary can be sent to admin@icfpp.net. _____

** Youth under the age of 18, must have a parent/guardian sign permission below:*

Digital Consent Form

I, _____, am the parent and/or legal guardian of _____, and give permission for my child to have their application and/or photograph used by ICFPP for purposes such as: publications, advertising, and/or grant writing/reporting purposes.

Parent/Guardian Signature

Date



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Applicant Profile

Youth Name: _____

Date of Birth: _____

Tribal Affiliation(s): _____

Mailing Address: _____

Youth Email: _____

Parent/Guardian Name: _____

Email: _____

Phone Number: _____

I, _____, acknowledge that all information submitted is true

Youth Name

and correct to the best of my knowledge and any misrepresentations or missing information may

cause my application to be ineligible.



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Essay*

Please describe how the scholarship funds will be used. What program, activity, etc. will it be supporting and why is it important for you to participate. (Try to keep essays under 500-words)

*** Essays will be judged on the content and not punctuation/spelling, but please do your best.**

Essay can be typed if preferred.



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Have you participated in this type of activity before? (Check One) ___ **Yes** ___ **No**

If yes, when and describe experience: _____

If not, describe what prevented you from participating:



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Letter of Recommendation (1)

Applicant Name: _____

Reference Name: _____ Phone Number: _____

How long have you known the applicant: _____

Relationship to Applicant: _____

Please describe how receiving the Opportunities Not Opioids Scholarship will provide alternative opportunities for this youth to build self-confidence, self-awareness, empowerment, and a positive outlook on their life.



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Letter of Recommendation (2)

Applicant Name: _____

Reference Name: _____ Phone Number: _____

How long have you known the applicant: _____

Relationship to Applicant: _____

Please describe how receiving the Opportunities Not Opioids Scholarship will provide alternative opportunities for this youth to build self-confidence, self-awareness, empowerment, and a positive outlook on their life.
