

*Applications for
Education for Substance Abuse Professionals*

must be returned by one of these methods:

E-mail admin@esapnc.org

US Mail ESAP
Governor's Institute on Alcohol
and Substance Abuse, Inc.
Centennial Park Venture IV
1730 Varsity Dr, Suite 105
Raleigh, NC 27606

FAX 919/990-9518

www.esapnc.org
info@esapnc.org
919/990-9559

Education for Substance Abuse Professionals Financial Aid Request Form

If you plan to request financial aid for a specific term/semester, please complete the information below and return it to the ESAP office. If you do not have an ESAP ID, you must first apply to the program.

ESAP ID#: _____
Name (Last, First): _____
e-mail address: _____
College/University: _____
Degree pursued: _____
School/Field: _____
Applying for term: _____
Tuition: _____
Due date for tuition: _____
Anticipated book expense: _____
Other financial aid will total: _____
Amount requested from ESAP: _____

Statement of Understanding:

I understand that continuing financial support for my college or university tuition and books is contingent both upon my maintaining a C average in each of my courses *and* upon the ESAP Office's availability of funds. I have not been promised in any way that continued support is guaranteed beyond approved term(s).

I attest that the ESAP financial aid does not duplicate other financial aid from other sources. (I shall update all financial information on file with ESAP if I have additional educational loans or financial aid.)

The information supplied on this form is accurate.

(Signature)

(Date)