

# RAINBOW TREATMENT CENTER SCHOLARSHIP APPLICATION

NAME OF APPLICANT: \_\_\_\_\_  
(Please print)

<b>Please Check one:</b>	
<input type="checkbox"/>	Interested in the G.E.D preparation program
<input type="checkbox"/>	Interested in the College Assistance Program (Semester Basis Only)

## Required Documents

\_\_\_\_\_ General Application Form  
\_\_\_\_\_ Personal Essay/Statement

**WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS**

### Process of enrollment:

1. Application received.
2. Staffing on client
3. Contact client for interview
4. If client is approved for admissions
  - a. A pre-employment Alcohol and Drug test will be scheduled (must be negative to proceed)
  - b. Personnel forms and orientation will need to be completed same day as alcohol/drug test
5. Official start date will be assigned by HR department and client will be notified.
6. Begin program.

**\*\*2 forms of Identification: Copy of Social Security Card & Photo ID (Driver's License, State ID, Tribal ID) to be turned in if selected for admissions only\*\***

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## General Application PLEASE ANSWER ALL AREAS

Last Name:	First Name	M.I.	Maiden
Date of Birth:		Social Security #	
Primary Phone:		Secondary Phone:	
Current Mailing Address:		City:	Zip Code:
Physical Address:			
Which Community do you live in?			Tribal Affiliation:
List your personal strengths which help you to cope in a positive way with life challenges:		List any problem areas which might interfere in coping with stress and challenges:	
1.		1.	
2.		2.	
3.		3.	

### General Educational Information (ALL Applicants)

What grade did you last finish?	What was the reason for leaving?			
Were you in Special Education at any time during elementary, junior high, high school? _____ If so, what subjects?				
How are your computer skills?	Poor:	Fair:	Good:	Excellent:
What are your educational weaknesses?				
What are your educational strengths?				
Does your family support your educational plans? How?				

It is important to let us know of your educational background so it can help us determine the level of classes the adult educators can develop for your individual need(s). In addition, the GED test is an online test so it will help us

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to know how well you are familiar with the computer and if there are additional keyboarding skills to help you with. Many college classes are online format so let use know if you need additional help with computer skills.

Are you a student with a disability? (physical and/or learning)	____ YES (Please explain)	NO
Have you taken college or GED classes before?	YES	NO
If yes, When? _____ Where? _____		
Reason for leaving: _____		
Did you ever need assistance from the school's disability resource center? _____ YES, (If yes, please explain) _____ NO		
Do you have a past due balance with Northland Pioneer College?	YES _____ How much? _____	NO _____

It is important to let us know if you have a disability because some programs with NPC can assist you with additional resources you may need for your classes; this applies to the GED test as well.



### Health Information

	Please check one	
Do you have any health issues? (i.e. Asthma, Diabetes, etc)	NO	____ YES (Please Explain)
Do you take any medication? <small>*This will help us during weekly alcohol/drug testing*</small>	NO	____ YES (Please Explain)
Do you need corrective lenses (glasses and/or contact lenses)	NO	____ YES- I wear daily. <input type="checkbox"/>  I have glasses/contact lenses, but I do not like wearing them. <input type="checkbox"/>  I need glasses/contact lenses but do not have a pair. <input type="checkbox"/>

It is important to let us know if you are taking any medication because it helps us with the readings for the weekly alcohol/drug testing. Lastly, we are asking if you wear glasses/contact lenses because poor eyesight can delay your learning process. We want you to get the most out of these classes so these helpful insights would be much appreciated.

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## Sobriety Information

Who is your Rainbow Treatment Center's Primary Guide (Name)?

Please answer the following questions:

How long have you been sober?

Is it a challenge for you to maintain your sobriety? \_\_\_\_ Yes or \_\_\_\_ No, please tell us why.

What is working for you to maintain your sobriety? Please explain.



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Signature of Applicant

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Date