



ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM APPLICATION

Applicant Information:

Table with applicant information fields: Full Name*, Residential Address*, Mailing Address, Phone Numbers*, Email Address*. Includes sub-fields for First Name, Middle Name, Last Name, Street Address, Apt/Suite, City, State, Zip Code, Mobile, Home, Business.

* required fields

Applicant Type* (please check only one of the following):

Three radio button options for Applicant Type: 1. Employee of OASAS-certified/authorized program, OMH or DOH-certified Integrated Outpatient Services (IOS-SUD) Program, or DOH Drug User Health/Harm Reduction Program. 2. Employee of a program providing addiction care in another setting. 3. Individual/student interested in working in OASAS/OMH/DOH settings.

Program Type* (please check only one option):

Two radio button options for Program Type: CASAC-350 and CASAC-100 (for individual's with a qualifying Master's or higher clinical degree).

CASAC: Credentialed Alcohol and Substance Abuse Counselor

Required Scholarship Application Documents:

- **Please provide a brief statement (500 words or fewer) about why you are interested in pursuing in the CASAC program, and in addition in this statement please provide information about the following: any previous volunteer or work experience along the addictions continuum of care; your interest in working in the OASAS Provider System; and the qualities you possess that you believe would make you an effective CASAC.**
- **Employment Verification Form (for applicants who selected one of the ^{1,2} employment options above)**
- **Three (3) Professional Reference Forms**
- **Copy of High School Diploma, GED, College Transcripts or College Diplomas**

____ Please initial this section **ONLY** if you agree to having your name and program selection shared with the NYS Office of Addiction Services and Supports (OASAS) for inclusion in their data collection regarding the scholarship program. This is completely voluntary and will NOT, in any way, affect your potential eligibility for a scholarship opportunity. Information will only be shared if you are selected to receive, and agree to accept, an OASAS-funded scholarship award.

Statement of Accuracy/Affirmation

I affirm that all the information I have provided in this application is my work and that it is accurate to the best of my knowledge and belief.

I affirm that I am not currently receiving another scholarship from the New York State Office of Addiction Services and Supports.

Applicant's Name [Printed]

Applicant's Signature

Date (MM/DD/YYYY)

Please rank your preference for class and start date, with 1 = most preferred and 4 = least preferred

Rank	Class	Estimated Start Date	Estimated End Date
	Cohort 1	September 2023	August 2024
	Cohort 2	December 2023	November 2024
	Cohort 3	March 2024	February 2025
	Cohort 4	June 2024	May 2024

Admission into your preferred class may or may not be accommodated pending availability of seats for each class. This does not guarantee your admission into our program.

APPLICANTS:

PLEASE EMAIL THIS COMPLETED FORM ALONG WITH ALL THE REQUIRED DOCUMENTATIONS TO CASAC.SSW@STONYBROOK.EDU

APPLICATIONS WILL BE REVIEWED AFTER THE [APPLICATION DEADLINE: JULY 21, 2023](#). NOTIFICATIONS WILL BE SENT OUT VIA EMAIL IN MID-AUGUST REGARDING ADMISSION DECISIONS.

LATE SUBMISSIONS WILL NOT BE ACCEPTED OR REVIEWED.

THANK YOU FOR YOUR INTEREST IN OUR PROGRAM.

**REGARDS,
CASAC Training Program
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Stony Brook University
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Stony Brook, NY 11794-8231
Health Sciences Center, 2-093
CASAC.SSW@stonybrook.edu**

<https://socialwelfare.stonybrookmedicine.edu/casac/>