



## 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](mailto: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](mailto: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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Have you participated in this type of activity before? (Check One) \_\_\_ **Yes** \_\_\_ **No**

If yes, when and describe experience: \_\_\_\_\_

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If not, describe what prevented you from participating:

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