# The Larry Marks Scholarship Fund Application Counseling & Recovery Services of Oklahoma

General Information			
Applicant's Name			
Address			
City		State	Zip
Home Phone	Work Phone		Cell
Email		Date of Birth	
Parent/Guardian Information (if m	ninor)		
Parent/Guardian Name			
Address			
City		State	Zip
Home Phone	Work Phone		Cell
Email			
Agency Affiliation Agency Services Used Date applicant began receiving serv *Applicant must receive at least 4 m	vices at CRSOK		
oplicant must receive at least 4 months of services b commending Staff member		Work Phone	
Has client received services from a	nother agency? _		
Explanation of Goals (Must be fille	ed out by client)		
Name of educational program, clas	s or school		
Name of coursework/specific class	(es)		
Total cost			
Start date of program, class or sche *Applications must be submitted	ool <i>at least one mo</i>	nth before start	date
Are you currently employed, volunt	teering, and/or a	ttending school f	ull-time?
Address			
Amount of Request			

Are you able to contribute part of cost? If so, how much?

Explain your educational goal or how you would use the award. (use separate page if needed):

Explain your financial need for this award:

If you receive a Marks Scholarship and would like to provide a testimonial after completion of stated course regarding how the scholarship helped you achieve a goal, please indicate so below. Testimonials could be used in CRSOK printed materials such as newsletters and brochures. Any identifying information such as client name or information that could link the testimonial to you will be removed to protect confidentiality. Choosing to provide a testimonial or not will have no effect on whether you are chosen for a scholarship.

- Yes, I am willing to provide a testimonial about my experience if I receive a Marks Scholarship
- No, I wish to not provide a testimonial about my experience if I receive a Marks Scholarship

Larry Marks Scholarship Application Primary Provider Recommendation

\*Return completed scholarship application and primary provider recommendation to Taylor Shorb.

1. I have reviewed the proposed class/program and believe it will benefit the client's recovery in the following ways:

- 2. Is this client consistent in keeping appointments, and in your opinion, will consistently attend class/program?
- 3. Is this client engaged in services, on-time for appointments, and rarely misses appointments with you?
- 4. Has the client identified a reliable means of transportation to the class/program?

- 5. Do you agree to follow up monthly after enrollment to make sure client is attending classes/program?
- Will you make a post-class/program follow-up to determine if client successfully completed?
- 7. Are you aware of any other financial assistance the client has secured, such as a Pell grant, student loan, or other type of scholarship? If so, please specify the amount.\_\_\_\_\_

## The Larry Marks Scholarship Fund

### Counseling & Recovery Services of Oklahoma

#### Program

This scholarship was established in 2010 in recognition of the dedication of service to Counseling & Recovery Services of Oklahoma by Larry Marks in his 18 years as Executive Director. The funds for this scholarship were generously donated by staff, board members and friends of the agency to commemorate Larry's retirement. Larry's career has focused on improving the lives of others through teaching as well as his years of service to this agency.

#### Purpose

The purpose of this scholarship is to offer financial assistance to Counseling & Recovery Services of Oklahoma clients to enhance learning and foster recovery. It is available for individuals to attend educational and personal growth opportunities such as seminars, workshops, classes and other resources intended to promote work-related skills and life enrichment.

#### **Eligibility and Criteria**

Each applicant must have been a client of CRSOK for at least 4 months, and must currently be receiving services from the agency. Applicants will be selected based upon financial need and the value added to their lives from the educational experience.

#### **Application Review Process**

Each application will be reviewed by the Scholarship Committee, which meets as needed. The Scholarship Committee considers all applications, and notifies all clients of the committee's decision in writing. **Payment is made directly to the attending program or school.** 

The total application includes:

- 1. The application form (available at <u>www.crsok.org</u> or from agency offices or staff);
- 2. The Primary Provider Recommendation

Return completed applications to:

The Marks Scholarship Fund c/o Resource Development Director Taylor Shorb Counseling & Recovery Services of Oklahoma 7010 S. Yale, Suite 215 Tulsa, OK 74136

#### Contact

Please contact Resource Development Director Taylor Shorb at 918.392.5809 or tshorb@crsok.org