Pura Vida Scholarship Bed Application

Name: Date of Birth:

Email: Phone:

Mailing Address or Current Treatment Facility: _____
_____

Prior Sober Living:_____

References:_____
_____

Why do you think sober living is right for you?
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How do you think sober living will fit into and supplement your recovery?
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Why do you think you are a good fit for the Pura Vida Scholarship?
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