

QUEST Application

Please contact MHAV if we may be of any assistance with this application 1-866-440-6428

Last Name First Name

City/County of Residence

Email Address Phone Number

Mailing Address

Street	Apt. #	City	Zip
--------	--------	------	-----

Quest Program Preference (Please Mark a 1st and 2nd Choice)

April 14-16
 April 30-May 2
 May 14-16
 June 9-11

Tuition

Participants may either self pay or request scholarship assistance. Limited resources are available for scholarships to cover tuition, meals, lodging and transportation assistance.

Self Pay	Scholarship Request
<p>Please mark the accommodations you would prefer and make checks payable to Mental Health America of Virginia</p> <p><input type="checkbox"/> \$575.00 Quest tuition, training materials, ropes course, meals and lodging (two nights).</p> <p><input type="checkbox"/> \$475.00 Quest tuition, training materials, ropes course, meals (participant commutes daily to Quest).</p> <p>Please mail Application and Check to: Mental Health America of VA/Quest 3212 Cutshaw Avenue, Suite 315 Richmond, VA 23230</p>	<p>I would like to request the following scholarship assistance:</p> <p><input type="checkbox"/> \$575.00 Quest tuition, training materials, ropes course, meals and lodging (two nights).</p> <p><input type="checkbox"/> \$475.00 Quest tuition, training materials, ropes course, meals (participant commutes daily to Quest).</p> <p><input type="checkbox"/> Sliding Scale: Please consider me for sliding scale discount on the regular fees.</p> <p>Note: Scholarship applicants please answer the three questions below on a separate sheet of paper and attach your responses to this application.</p> <p>Please fax application package including attached written responses to 1-804-257-5593.</p>

1. List two things that have supported your recovery.
2. List two things that have been barriers to your recovery or the way you would prefer to live.
3. Explain how you hope this training will assist you in reaching a personal goal.

Applicant Signature

By signing below, you agree that the information provided in this application is accurate, you are a resident of Virginia, are 90 days post crisis, and well enough on your recovery spectrum to participate in experiential learning.

Signature _____ Date _____