



New Jersey Prevention Network  
 150 Airport Road, Suite 1400  
 Lakewood, New Jersey 08701

**NEW JERSEY PREVENTION NETWORK  
 TUITION SUPPORT APPLICATION**

<b>Name:</b>	<b>Position/Title:</b>
<b>Home Address:</b>	<b>Employed By:</b>
<b>Phone:</b>	<b>Employer Address:</b>
<b>Email Address:</b>	<b>Volunteer At:</b>
<b>Do you work/volunteer at an agency or organization funded by the Division of Addiction Services?</b>  (circle one)      Yes      No	<b>Annual Income (circle one)</b>  Under \$50,000?      Yes      No

**Check one of the following:**

Are you currently pursuing CPS or APS Certification?      \_\_\_ Yes      \_\_\_ No

Are you an LCADC or CADC in need of renewal credits?      \_\_\_ Yes      \_\_\_ No

Are you a CPS in need of renewal credits?      \_\_\_ Yes      \_\_\_ No

**Why should you be considered for tuition support?**

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**How will attending these courses benefit you and the agency for which you work?**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*My signature attests that the information I have supplied is true and to the best of my knowledge.*

***Please submit this application directly to the NJPN member agency that is offering the CPS classes you would like to attend.***



*The Addiction Training and Workforce Development Program is made possible by a grant from the State of New Jersey Department of Human Services, Division of Addiction Services.*