BETTY BREEN EDUCATIONAL FOUNDATION

Application for Assistance

NOTE: Request for Financial Assistance ***MUST*** be submitted two weeks prior to date of scheduled conference date and/or LACT school date

At LASACT '99 in Shreveport, the Betty Breen Memorial Tuition Foundation was established by the family of Betty Breen and Don Hidalgo. Betty, a charter member of LASACT, was instrumental in the passage of legislation to establish the State Board for the Certification of Substance Abuse Counselors. She served as an officer of both LASACT and SACO, District II. Her commitment to chemically dependent clients, and particularly to their families, was evidenced by 15 years of experience as a family counselor.

Betty began her counseling career after raising seven children. She was motivated out of her personal journey to find help for herself, her children, and her spouse to recover from alcoholism. She was married to Don Hidalgo, another charter member of LASACT, and a long time contributor in many areas in our field. Of their seven children, two are also counselors and have both been very active in LASACT and the profession.

When Betty died in February, 1999, her family decided to establish the Betty Breen Educational Foundation in her honor. The purpose of the Foundation is to help ease the financial barriers people face as they attempt to gain the education and experience necessary to become credentialed as an Addiction Professional.

Standards & Criteria for Applying for Financial Assistance

1. **Because Addiction Professionals are required to do charting and create documents in the course of their work, the application for financial assistance must be completed in a manner that reflects the applicant's ability to write appropriately, effectively and in detailed descriptions. Applications will be evaluated on their professionalism, grammar, spelling, and sentence construction. Applications that do not meet this standard will be returned to the applicant**

2. The applicant **must be registered** as a Counselor in Training (CIT) with the LA-ADRA. Applicants who are in process of becoming a CIT through LA-ADRA will be considered for financial assistance. It is the applicants responsibility to provide the BBEF with the appropriate LA-ADRA documentation in both scenrio's.

3. Only the LASACT annual Conference and the Louisiana Addiction Counselor Training Program will be approved. LASACT is an ADRA Approved Educational Provider (AEP #2)

4. Unless a different deadline is specified, applicants must submit requests for assistance to the Betty Breen Education Foundation no later than two weeks prior to the date of the educational program for which funds are being requested.

5. The maximum amount that any applicant may receive per calendar year is $600.00.

6. Assistance shall be available to any qualified applicant, regardless of race, creed, or gender.

E-mail completed application and typewritten answer sheet for Question 5 to the Betty Breen Educational Foundation. A committee reviews applications and selects qualified recipients. When an applicant is approved by the BBEF, the foundation handles payment directly to LASACT for the approved conference/course. ***NOTE:*** The Foundation pays ***ONLY LASACT MEMBER*** conference/ LACT school rates.

Contact information: President: Lisa Schuster, LAC, AADC, CCDP-D, CCGC
Email application to: lschust99@gmail.com Phone: 225-267-7871

(Mail this page plus answer sheet)

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Application Form - (NOTE: Application due June 15th)

Assistance is Available to Currently Registered CIT's or Persons Actively Pursuing CIT Status

Name: _____
Last First Middle

Address: _____
Street or P.O. Box Apt#

_____
City State ZIP

Work Phone: _____ Email: _____

Cell Phone: _____ Home Phone: _____

1. If currently a CIT, attach copy of CIT card.

2. Check educational program for which you are applying:
   □ LASACT Conference - (Note: application for conference due June 15th.) □ LACT Program

3. When is the program offered? _____

4. Have you ever received assistance from the Betty Breen Foundation before? □ Yes □ No
   Are you receiving financial assistance from any other source? Yes □□No

5. **Attach a typewritten sheet** to discuss the two items noted below. *Clear concise detailed explanations are crucial to determining whether or not you will qualify for assistance.*
   A. **Describe in detail** your need for financial assistance, and explain why you cannot pay for this educational offering yourself.
   B. **Explain why you want to attend** this training and your career goals.

   In answering Question 5 pay particular attention to Item 1 of the "Standards and Criteria for Applying for Financial Assistance."

I understand that any misrepresentation of fact on this application can exclude me from consideration for assistance. I understand that if I receive any funding based on incorrect information provided on this application, I may be required to return the entire amount awarded. I hereby assert that all the information I have provided is true and correct to the best of my knowledge. I have read the attached information sheet and believe that I am an eligible candidate for a Betty Breen scholarship.

PRINT YOUR NAME _____

SIGNATURE _____

DATE _____

Contact number: 225-267-7871

E-mail completed application to lschust 99@gmail.com

Rev: 10/2026