



Application Form

The Alumni Award Fund provides support and assistance to **successful alumni of Northwest Passage's residential treatment programs**. The Alumni Award Fund specifically supports those identified as having overcome adversity while demonstrating perseverance in the face of personal challenges and obstacles. If you would like to apply for assistance, please complete this application form and submit to:

Northwest Passage
Alumni Award Fund
Attn: Julie Hall

Mail
7417 N Bass Lake Rd
Webster, WI 54893

Email
JulieH@nwpltd.org

Applicant Information

Name: _____ Age: _____ Phone: _____ Email: _____

Address: _____

Program Attended: **RIVERSIDE PRAIRIEVIEW** Dates attended: _____ to _____

Describe your current living situation (where do you live and who do you live with):

What is the highest grade of school you have completed?: _____

Employment History

I am a full-time student

Current employer: _____

Supervisor Name: _____ Phone: _____

Previous employment:

EMPLOYER	JOB TITLE / DUTIES	DATES EMPLOYED

Required attachments

- Write a short essay identifying the most important lessons you learned during your time at Northwest Passage and discuss how you have applied those lessons in your life.
- Two letters of reference completed by a teacher, principal, employer, social worker, therapist, or any other adult non-family member of your community. These letters should explain why these individuals believe you would benefit from receiving an award from the Alumni Award Fund.

Fund Request Information

If you receive an award through Northwest Passage's Alumni Award Fund, what would you use it for? Please identify your needs as specifically as possible. For instance, if you would use funds for tuition, where and when do you plan to attend school and what will you be studying?

What are the estimated costs associated with your request?

Permissions

I give a representative of the Alumni Award Fund permission to contact my past and/or present employers for the purpose of gaining references or verifying employment.

Applicant Signature

Date

I give a representative of the Alumni Award Fund permission to do a criminal background check.

Applicant Signature

Date

Social Security Number: ____ - ____ - ____

I give Northwest Passage permission to use my name and information about me (excluding contact information) for publicity and promotional purposes.

Applicant Signature

Date

I do not want my name used for promotional purposes.