

The PassageWay Fund provides support and assistance to **successful alumni of Northwest Passage's residential treatment programs**. The PassageWay Fund specifically supports continuing education and opportunities for community involvement. Items that aid in the pursuit of these goals may also be awarded if there is an action plan in place.

## **Applicant Information**

Name:	Age:	Phone:	Email:			
Address:						
Program Attended: <b>RIVERSIDE</b>	PRAIRI	EVIEW Dates attend	ded:t	to		
Social Security Number (required for awards over \$600):						

### **PassageWay Request**

Identify your PassageWay Request as specifically as possible. What are you requesting and how will it help you to continue living a PassageWay lifestyle?

What are the estimated costs associated with your request?

## **Mentor Information**

Identify a person who will help you achieve your goals specific to this request. How will this person provide assistance? What unique qualifications or experiences led you to choose this mentor?

Name:	Phone:	Email:
Address:		

# Staff Recommendations

I have discussed my application with and received support from the following NWP staff member(s):

Name(s): \_

Staff comments:


## **Required attachments**

- **1** 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.
- 2 Write a short statement, specific to this request, explaining which of the eight PassageWay Elements (Nature | Recreation | Relaxation | Nutrition | Exercise | Relationships | Service | Spirit) hold the most meaning for you. How have they shaped your future plans and goals?
- **3** Include a letter from your mentor stating their intent to support your PassageWay Fund request. This letter should include as many specific details as possible including time, date, and location of planned activities, classes, or meetings.

#### Permissions

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

Applicant Signature

Date

I do not want my name or information used for promotional purposes.