

PASSAGE FOUNDATION
APPLICATION FOR AWARD

We are currently in the process of accepting nomination forms for candidates who meet the criteria for Passage Foundation scholarship money. Please complete the nomination form below and fax to (715-635-3401) or send to Emily Gall 1661 Hams Road Spooner WI 54801

Name: _____

Date of birth: _____ Current age: _____

Address: _____

Phone Number: _____

Which Passage Program did you attend? (circle all that apply)

Passage I

Passage II

Passage III

Assessment Center

Northwest Journey Program (which site?) _____

When were you in the program? _____

Where do you live now?

Who do you live with?

Job History:

Current employment: _____

Previous employment:

<u>Employer</u>	<u>Job title/duties</u>	<u>Dates of employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are employed currently, please list the name and number of your supervisor or another contact person at your current job: _____

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

If you received an award of funds through this foundation, what would you use it for?
(explain with details, for instance, if you would use funds for tuition, when do you plan to attend, where are you going, and what will you be studying?)

On a separate paper, please attach a short essay identifying the most important lessons you learned from your time with Northwest treatment programs and discuss how you have applied those lessons in your life?

Please also attach two letters of reference. These can be completed by a teacher, principal, employer, social worker, therapist, or any other non family member. These letters can explain why these individuals believe you would benefit from the award.

I give a representative of the Passage Foundation permission to contact my past and/or present employers for the purposes of gaining references or verification of employment.

Signature

Date

I give a representative of the Passage Foundation permission to do a criminal background check.

Signature

Date

Social security number

I give the Passage Foundation permission to use my name and information about me excluding contact information for publicity and promotional purposes.

Signature

Date

I do not want my name used for promotional purposes.