PASSAGE FOUNDATION
NOMINATION FORM

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

Nominees Name and Phone Number: _____

Age: _____Address:_____

County: _____

Referent's name and phone number: _____

Circle program attended: NWP I NWPII NWPIII NWPCAC (assessment center) Day Treatment

Dates attended: _____

Criteria for nomination:

- Completed stay at any of the four Northwest Passage residential programs or Northwest Journey day treatment programs.
- 1 full year of positive behavior i.e. no criminal offenses, attending school regularly, etc.
- Genuine and constructive effort toward self-improvement as evidenced by two letters of recommendation from non-related adult members of community.

Explain reason for nomination: _____
_____
_____
_____
_____
_____
_____
_____

What are the nominee's needs at this time (continuing ed, etc.):
_____
_____
_____
_____
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