Wise Alumni Association, Inc.

Long-Term Recovery Residence Scholarship Application

First Name:	Last Name:	
Date of Birth:/	/ Phone #	
Email:		
	with? Be specific	
Do you have any medical	conditions or mental health diagnosis?	
	cholarship?	
Previous attempts at reco	overy?	

How will this scholarship benefit you?		
If received, what do you plan on doing after you graduate from a long-term recovery residence?		
What long-term recovery residence have you chosen?		
Please write a 500 word or more story on why you want a long-term recovery residence scholarship from Wise Alumni Association, Inc. Only real stories will be acceptable written by the person wanting the scholarship. No stories written by friends or family will be accepted.		
		

Attach additional pages	s, if necessary.
Please include the mos	st recent tax return, proof of
	nent from department of labor.
Signature	Date