

Wise Alumni Association, Inc.

Long-Term Recovery Residence Scholarship Application

First Name: _____ Last Name: _____

Date of Birth: ___/___/_____ Phone # _____

Email: _____

Address: _____

What are you struggling with? Be specific.... _____

Do you have any medical conditions or mental health diagnosis? _____

Why are you seeking a scholarship? _____

Previous attempts at recovery? _____
