**Graduate Scholarship Program Details**

**DESCRIPTION:** In recognition of the impact treatment courts have on the participants who complete those programs, WATCP seeks to support the recovery capital of graduates of Wisconsin Treatment Courts with scholarships to those graduates who wish to pursue higher education. The number and dollar amount of the scholarships is determined by the Graduate Scholarship Committee on an ongoing basis. This program is fully funded by donations. Applications will be accepted year-round, and scholarships awarded twice a year.

**ELIGIBILITY**

* Candidates must be a verified graduate of a Wisconsin Treatment Court
* Candidates must be enrolled or accepted to start post-secondary education/training course in accredited institution or certification program (i.e. Training School, Technical College, University, or other Degreed Program)
* Candidates who are currently enrolled in a post-secondary program must be in good academic standing

**CRITERIA**

* The candidate will submit an essay describing their health and wellness journey and the impact treatment court had on their life.
* The essay should detail the candidate’s ongoing motivation for leading a positive, pro-social lifestyle
* Verification of Graduation from a WI Treatment Court provided by the Coordinator or current member of the candidate’s treatment court.

**APPLICATION ROCEDURE**

* The attached application, Candidate Essay, Letters of Recommendation, and other documents listed below must be submitted to WATCP by email as a complete package: admin@watcp.org
* Two letters of recommendation must be submitted with the application
	+ At least one letter must be from a member of the treatment court that the applicant graduated from.
* All application questions must be answered completely.
* Include a copy of Enrollment or Acceptance Letter from the graduate’s chosen school or training program; ; or if currently enrolled attach a copy of the student’s unofficial transcript.

**APPLICATION PROCEDURE CONTINUED**

* The WATCP Graduate Scholarship Committee will review all applications and make recommendations for awards to the WATCP Board of Directors for final approval in January and July of each year.
* Scholarship award recipients will be notified by email within one week of the award, and accepted winners will be listed on the WATCP Website.
* Checks will go to the Scholarship recipient and will be distributed within 15 days of the award.

**EDUCATION POSTPONEMENT**

* If the winner chooses to postpone their education, the scholarship may be held in their name by WATCP for up to one year from the date of acceptance before it is forfeited and monies returned to the fund.

**Application**

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| **Applicant Information** |
| Name |  |
| Mailing Address |  |
| Telephone Number |  |
| Email Address |  |

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| **Graduate Treatment Court Information** |
| Name of Treatment Court |  |
| County of Treatment Court |  |
| Date of Graduation |  |
| Treatment Court Contact Name |  |
| Treatment Court Contact Email |  |

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| **Applicant School Information** |
| Desired School Name |  |
| Enrollment Year |  |
| Tuition Due Date |  |
| Degree or License pursuing |  |
| Major |  |
| Enrollment Status | [ ]  Returning Student (Unofficial Transcript Included with Application[ ]  New Student (Acceptance Letter Included with Application) |

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| **Please answer the following on separate paper, with your name and email address on top and submit along with this application and other documentation outlined on the Scholarship Details Page.** |
| 1. Write an essay detailing your health and wellness journey and how participating in a treatment court impacted your life
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| 1. Include a description of the type of post-secondary education you wish to pursue and what sort of work you’d like to do as a result of that pursuit.
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| 1. Describe how a scholarship would impact your ability to pursue your education.
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| 1. Detail your efforts and motivation for living a positive, pro-social lifestyle.
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| **Certification** |
| My signature below certifies that all the statements made in this scholarship application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. |
| Applicant Name (Printed) |  |
| Applicant Signature |  |
| Date |  |