**ROBBIE GRESKOVIAK**

SCHOLARSHIP APPLICATION 2024

**PERSONAL INFORMATION:**

Full Name:

Address:

City, State, ZIP Code:

Email:

Phone Number:

Date of Birth:

Gender:

Ethnicity:

**EDUCATIONAL BACKGROUND:**

Name of Institution/College/University:

Current Major or Area of Study:

Expected Graduation Date:

Current GPA:

Academic and Career Goals (Please provide a brief statement. If additional space is required to answer any of the questions, use additional paper and attach it to this application form. Ensure that your responses are clearly labeled with the corresponding question numbers. Thank you.):

**RECOVERY JOURNEY:**

When did you complete a program for substance use disorder recovery? If yes, please provide details:

How has your recovery journey influenced your decision to pursue higher education? (Please provide a personal statement):

Please share your experience with substance use disorder and how it has impacted your life.

Describe the steps you have taken to rebuild and transform your future. (This can include personal achievements, milestones, challenges overcome, and insights gained):

**FINANCIAL NEED AND SUPPORT:**

Please provide a summary of the financial barriers you have faced in pursuing higher education and how this scholarship would assist you in achieving your academic goals:

Do you currently have access to financial aid or other scholarship opportunities? (Please provide details):

**COMMUNITY AND VOLUNTEER ENGAGEMENT:**

Please describe your involvement in community service, advocacy, or initiatives related to recovery and wellness:

How do you plan to give back to the community and support others in recovery while pursuing your academic and professional goals?

**REFERENCES:**

Please provide the names and contact information of two references who can attest to your character, resilience, and commitment to recovery and academic pursuits. References may include mentors, counselors, employers, or academic advisors:

**PERSONAL STATEMENT:**

Please write a personal statement outlining your educational aspirations, career goals, and how this scholarship would impact your journey.

By signing below, I confirm that the information provided in this application is true and accurate to the best of my knowledge. I authorize the Sarah's Hope & Recovery Foundation to verify the information submitted.

Applicant's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMISSION INSTRUCTIONS:**

Please submit your completed application along with any additional supporting documents to:

Application Deadline: April 30th, 2024

Sarah's Hope & Recovery Foundation

4623 – 75th Street, Suite 4-281

Kenosha, WI 53142

theresa@sarahshopeandrecoveryfoundation.org

(262) 496-6138

Thank you for applying for the Sarah's Hope & Recovery Foundation Scholarship. We look forward to considering your application.