

# Scholarship Application Form



Please complete application and  
Email to: [aura.davis@wilsonoasis.com](mailto:aura.davis@wilsonoasis.com) or  
Send to: P.O Box 217290  
Charlotte, NC 28221

Application Deadline August 18<sup>th</sup> 2019

First: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact info: Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Yearly earned Income: \_\_\_\_\_ under \$14,999 \_\_\_\_\_ \$15,000-\$25,999 \_\_\_\_\_ over \$26,000

Do you have transportation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please **initial** by appropriate answer:

There will be an event held by Wilson Oasis once a month for 9 months. You agree to attend programs, trainings, and volunteer opportunities for mental health programs \_\_\_\_\_ YES \_\_\_\_\_ NO

You agree to attend all scheduled counseling/therapy sessions, if there is any changes in circumstances you agree to notify Wilson Oasis immediately \_\_\_\_\_ YES \_\_\_\_\_ NO

How did you hear about the Wilson Oasis Scholarship Application?

\_\_\_\_\_ A friend \_\_\_\_\_ Wilson Oasis website

\_\_\_\_\_ Referred by Wilson Oasis team member \_\_\_\_\_ Social Media

## Counseling/Therapy

Have you ever received counseling /therapy? \_\_\_\_\_ YES \_\_\_\_\_ NO

Why is counseling/therapy important to you?

How do you believe you will benefit from receiving counseling/therapy?

What role do you play in your community?

References:

Please list 3 references (reference should include a family member and a person from your community)?

1. First: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact info: Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

2. First: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact info: Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

3. First: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact info: Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

I certify that the information I have provided is true and complete. I will notify Wilson Oasis in writing immediately if after the submission of this application there are changes to any of the information provided. I understand that falsifying or withholding information on this application may result in dismissal from the Wilson Oasis scholarship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name