

Rites of Passage NW  
142 E. Strong Rd  
Shelton, WA 98584  
(360) 927-6404  
(360) 296-3040 (Field)  
(650) 456-3040 Fax  
Email: ritesofpassage4nw@gmail.com  
www.ritesofpassagewildernesstherapy.com



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## **Bonnie Alaska Welch Children's Foundation Scholarship Application**

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### **Our Mission:**

Emma and Nate created the Bonnie Alaska Welch Children's Foundation to honor their daughter and to share her legacy of love. This fund is dedicated to helping young people find the support they need to turn their lives around and to empower them in recovery and self-discovery. We want to collect donations to go towards scholarships so adolescents and young adults can participate in Rites of Passage NW programs. No child or young adult in need of a Wilderness Therapy Trek Program, The Ranch Long Term Care Program, or Obesity Health & Wellness Camp experience should be turned away.

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### **Scholarship Application Guidelines:**

- Applicant and/or guardian are required to have a phone interview with a Bonnie Alaska Welch Children's Foundation board member.
- Following Interview, the Bonnie Alaska Welch Children's Foundation board Member will make recommendations to the board of directors for final approval.
- Applicants will be notified as soon as a decision is reached.
- Bonnie Alaska Welch Children's Foundation provides partial grants.
- Grant awards will be made payable to the program and sent directly to the program upon receipt of the signed enrollment agreement.
- Grant offer is good for 30 days following award notice. After 30 days, the grant offer will expire and the applicant will need to re-apply.
- Grant are non-transferable. Grant recipients must notify the Bonnie Alaska Welch Children's Foundation if they decide not to accept the scholarship
- If a grant recipient should leave the program early, unused funds must be sent back to the Bonnie Alaska Welch Children's Foundation within 30 days.
- Grant requests are open to anyone for whom attending a Rites of Passage Program would pose a financial hardship.
- Grant recipients are responsible for securing their own travel to and from Seattle international Airport for their program.
- As a recipient of this grant, you will be required to submit a 2-5 page story about your experience following the completion of your program, which must be submitted within 30 days of conclusion of the program.

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**HOW TO SUBMIT APPLICATION:  
SUBMIT COMPLETED APPLICATION VIA EMAIL**

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**GRANT APPLICATION:**

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1) Name of Parent/ Guardian: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this application, I hereby certify that all of the information I have provided in this application is accurate and is subject to verification by the Bonnie Alaska Welch Children's Foundation. I understand that I am financially responsible for medical, travel and incidentals to and from the program. I also agree that the Bonnie Alaska Welch Children's Foundation has my permission to discuss my personal and medical information with Rites of Passage programs.

2) Name of Parent/ Guardian: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this application, I hereby certify that all of the information I have provided in this application is accurate and is subject to verification by the Bonnie Alaska Welch Children's Foundation. I understand that I am financially responsible for medical, travel and incidentals to and from the program. I also agree that the Bonnie Alaska Welch Children's

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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Applicant is under 18; parent or legal guardian must complete application

1. How did you hear about the Bonnie Alaska Welch Children's Foundation?

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2. Has the applicant ever attended wilderness therapy?

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3. If yes, when and what program?

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4. Have you received a grant to attend any Rites of Passage Programs in the past (3) years?

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5. Has an application been submitted to Rites of Passage Program?

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**NARRATIVE QUESTIONS: PLEASE USE A SEPERATE PIECE OF PAPER:**

1. Why have you chosen Rites of Passage? Please list diagnoses if applicable/ available.
2. What do you hope to gain from the experience? For your child and/ or yourself?
3. Please describe your employment and sources of support?
4. Please describe the special circumstances that may affect your family's ability to pay for a program?
5. Anything else you might want us to know about and/ or your family?

**FINANCIAL INFORMATION REQUIRED FOR SUBMISSION:**

1. Please include your last two (2) years federal income tax returns (1040 forms)
2. Copy of your most recent W2
3. Two (2) most recent pay stubs from all contributing income

**SUBMISSION CHECKLIST:**

**Before you submit your packet, please make sure the packet is complete or it will delay the review by the board. The board meets once a month on the first Friday. Determinations are based on resources and merit and are typically given after enrollment in one of the Rites of Passage Programs.**

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Email: [ritesofpassage4nw@gmail.com](mailto:ritesofpassage4nw@gmail.com)**

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