



WISCONSIN REPRESENTATIVES OF ACTIVITY PROFESSIONALS CONTINUING EDUCATION SCHOLARSHIP INFORMATION

History:

The Wisconsin Representatives of Activity Professionals (WRAP) has been an organization dedicated to promoting professionalism, education, and further development of those who work in the activity field since 1977. In 1993, it established a scholarship fund for those wishing to pursue or further their education. The first fundraiser for this scholarship was a “Walk ‘n Run” held at the organization’s annual fall conference of 1993 in Stevens Point, WI. With the monies raised at this event as a base, the scholarship fund was established. The criteria set for awarding the scholarship funds and the Scholarship Fund Committee of WRAP established the policies and procedures in the spring of 1994. This committee was appointed under the umbrella of the WRAP Education Committee. The first scholarships were awarded in 1994.

These scholarships are available to individuals wishing to take formal class or pursue formal education in the healthcare field. These classes may include the NAAP/NCCAP MEPAP Parts 1 and 2 for activity professionals or college course work related to the health care field. These scholarships will not be awarded for seminars, workshops, conferences or conventions.

Criteria/Procedure:

1. Proof of employment in a healthcare facility in the state of Wisconsin. These facilities include long-term care, retirement, adult day care, CBRF/assisted living, ICF/MR, CMI, Sub-acute, senior center, and hospice. Proof of the above information must be submitted by a statement from the employer verifying the employment status of the applicant is in good standing by the administrator of the facility or the present supervisor.
2. Proof of acceptance in a formal class in the healthcare field. These classes may include the NAAP/NCCAP MEPAP Parts 1 and 2 for activity professionals or college course work related to the health care field. Additionally, you will submit a statement of the fee of course showing YOU have personally paid for the course. Courses must be started or taken during the current year.
3. Complete the required application.

Awarding and Presentation of Scholarships:

1. The number of scholarships will be determined by the amount of money collected during the previous year. The amount of each scholarship will not exceed \$200.00. The total number of scholarships will not exceed the amount collected from the previous year. Limit of one scholarship per person per year.
2. The selection of the recipient/s will be the sole responsibility of the Scholarship Committee and the decision of this committee shall be final.
3. The Scholarship committee will review applications 2 times a year –deadline is June 1st and November 1st. They will award scholarships until the numbers of available scholarships are awarded. If any money is not awarded it will be rolled over into the next year.
4. When the WRAP Scholarship Committee selects the recipient/s, the committee will notify the successful applicant/s by mail along with the check.
5. A formal presentation of the awarded scholarship/s will be announced at the annual fall conference of WRAP.



CONTINUING EDUCATION SCHOLARSHIP APPLICATION FORM

Applicant Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: Work (____) _____ Home (____) _____

Email Address: _____

Please explain why this scholarship would be beneficial for you:

Educational Background

High School: _____ **Graduation Date:** _____

College/University: _____ **Major:** _____

Degree: _____ **Years attended:** _____

**Other Studies or
Certifications:** _____

Work Experience

Applicant must be presently employed in good standing in a healthcare facility in the state of Wisconsin:

Name of Facility: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Present Position: _____

Full Time # of hrs per wk: _____ **Part Time # of hrs per wk:** _____

Length of time in current position: _____

Length of time worked in the healthcare field: _____

Supervisor: _____

Other work or volunteer experience related to the healthcare field:

* Attach to this application, a letter of verification of your present employment in good standing by the administrator of your facility or your present supervisor.

(WRAP Continuing Education Scholarship Application page 2)

Course Information:

Title of the course for which you are applying for funding:

*Attach proof of acceptance in this course to this application by sending a letter from the instructor and/or copy of receipt for class deposit.

Give a brief description of the course:

List the college, technical college or other learning institution or private instructor offering the course work:

Instructor Name _____

College or Learning Institution: _____

Address: _____

City _____ State: _____ Zip Code: _____

Phone: (_____) _____

* If the course is presented by a private instructor, submit a letter of proof of the instructor's qualifications to teach the course work (this can be obtained from the instructor). Attach this letter to the application.

What is the starting date of the course? _____

When will the course be completed? _____

Educational Cost: _____

Please submit a copy of receipt showing that YOU have personally paid for this course.

Signature

I verify the information given above to be true to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Mailing Application:

Before you mail this application have you included?

- A letter verifying your employment in the healthcare field
- Proof of acceptance and payment in the course
- Instructor's qualifications (if necessary)

Please submit requested materials only. All other information will not be accepted.

Deadline for submitting this application for consideration is:

June 1st and November 1st.

**Mail application to: Kris Metcalf, MT-BC
1405 Truax Blvd.
Eau Claire, WI 54703**

<i>Office use only-</i> Date Rec'd _____ Scholarship: Yes/No _____ Check Sent _____
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