

#### Midwest Region

SERVING ILLINOIS, INDIANA, KENTUCKY, MICHIGAN, MINNESOTA, OHIO AND WISCONSIN

## **Application for The Glasser Midwest Scholarship**

### To the Applicant:

We are pleased that you are interested in learning about choice theory, reality therapy and lead management. To apply for a scholarship, please complete the application form on the second page. Applicants must live in one of the states of the Midwest Region to be eligible for a Midwest Scholarship. Each WGI Region has a process for awarding scholarships, so contact the Regional Director for the state in which you reside.

The Midwest Region awards scholarships based on financial need; these are available for a Basic Intensive Training, Advanced Intensive Training, or Certification Week. Scholarships are usually \$250, and intended to assist with the expense of training. (The rest of the cost being shared between the participant and the instructor providing the training.) We are currently able to offer \$2000.00 in scholarships per year.

Submission Deadline: Nov. 15<sup>th</sup> for January to June Intensive Weeks April. 15<sup>th</sup> for July to December Intensive Weeks

A letter of recommendation from a person who is Reality Therapy certified is required to complete the application. The scholarships applications are reviewed by the Scholarship Committee and notifications go out around December 1<sup>st</sup> or May 1<sup>st</sup>. The scholarship is valid only for the calendar year of the award. The information connected to your application is kept confidential.

#### To the RTC person providing a letter of recommendation:

Your letter will be kept confidential.

Thank you!

James A. Mishler MA Midwest Region Director



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# Application for The Glasser Midwest Scholarship-pg 2 of 2

(Send completed application to James A Mishler, see below)

**Important:** All applications must include a letter of recommendation from a person Reality Therapy Certified. The letter of recommendation must accompany this application and not until both letters are submitted will the application be considered.

Date:	Phone:
Your name:	
Address:	Email:
City/State:	Type of Work:
Letter of Recommendation from:	Their Phone:
will use this scholarship for: Basic W	eek Advanced Week Certification
Expected date of training:	· <del></del>

Please write below (add a separate sheet if space is needed) stating why you are applying for a scholarship. Please include a demonstration of need, a plan of how you expect to implement your training and any other comments which will aid us in considering this application. Be as brief or lengthy as you wish.