



## *Challenge the Outdoors, Inc.*

Home Instead Senior Care, 901 Anderson Drive, Green Bay, WI 54304

Phone: 920-593-6300

*A not-for-profit organization dedicated  
to serving the recreational needs and desires  
of the physically challenged sportsperson*

### **Challenge The Outdoors Incorporated Memorial Scholarship Program for 2019**

**Recipients:** Individuals living in Brown, Calumet, Green Lake, Kewaunee, Oconto, Outagamie, Shawano, Waupaca, Waushara, and Winnebago Counties In Wisconsin.

**Eligibility:** A potential recipient must be:

- An individual with physical challenges pursuing a post-secondary education.

**Award:** \$500.00 payable to the Technical College or University where the recipient is enrolled

- CTO Inc. will award two scholarships to a different recipient each calendar year.
- Scholarship is presented to the recipient at CTO's Annual Banquet following completion of the recipient's first year of post-secondary education.

**Criteria:**

- High School GPA of 2.5
- Disabled applicant pursuing a post-secondary education.

**Deadline:** Submit a CTO Application and requested attachments By April 10<sup>th</sup>.

**Contact:** Tammy Mc Faul-Kritz, CTO-Director  
Attention: Scholarship Committee  
901 Anderson Drive  
Green Bay, WI. 54304

**Challenge The Outdoors Incorporated was established in 1988 to meet the recreational needs and desires of sports persons with physical disabilities. We offer a wide variety of outdoor recreational activities throughout the calendar year. This Memorial Scholarship was established in memory of founders, directors and members of the organization.**



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### **Challenge The Outdoors Incorporated Memorial Scholarship Application for 2019**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

High School You Are Attending: \_\_\_\_\_

Your High School GPA Following Junior Year: \_\_\_\_\_

Please describe your situation regarding your physical disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of College or University you are Attending: \_\_\_\_\_

Location: \_\_\_\_\_

Degree Program in Which You Are Enrolled: \_\_\_\_\_

#### **Disabled Applicants:**

By April 10<sup>th</sup> submit a completed application, a High School Grade Report, a short paragraph describing why you chose the degree program in which you are enrolled and 2 letters of reference from faculty / employers/ community leaders.

#### **Submit This Information To:**

**Tammy Mc Faul-Kritz, CTO-Director  
Attention: Scholarship Committee  
901 Anderson Drive  
Green Bay, WI. 54304**