



CATHY YURA RECOVERY SCHOLARSHIP APPLICATION

Name: _____

Email: _____

Phone# _____

Student ID # _____

Enrolled Full-Time at WVU (circle one): Y / N

G.P.A. (cumulative or since entering recovery): _____

Sustained Recovery for at least 1 year (circle one): Y / N

- **Please attach a 1 page statement describing your involvement with WVU Collegiate Recovery and the Morgantown area recovery community. Why would you be a good candidate to receive this scholarship?**

Applicant Signature: _____

Date: _____

Submit applications electronically to acaryl@mail.wvu.edu or in-person at 628 Price St.