



The SUNSHINE LADY Foundation, Inc.
Women's Independence Scholarship Program

4900 Randall Parkway, Suite H
Wilmington, NC 28403

Phone: 910-397-7742
Toll Free: 866-255-7742
Fax: 910-397-0023

Scholarship Application

*Training and Educational Assistance
For Survivors of Domestic Violence*

This booklet may be copied.

Application information and instructions
for candidates and sponsors.

Please read carefully before starting.

After completing, please keep a copy
for reference.

Application Procedures

Purpose and Availability

The Women's Independence Scholarship Program (WISP) is a project of The Sunshine Lady Foundation (SLF) of North Carolina. SLF is a private family foundation established in 1996 by founder and President, Doris Buffett. A primary focus of SLF is to continue, develop and enhance efforts to end domestic violence.

Education breaks down barriers and opens doors of opportunity. WISP's objective is to help survivors of partner abuse complete an educational program that is crucial to secure employment and financial stability necessary for independence and self-sufficiency.

First priority candidates are single mothers with young children who have the greatest financial challenges (childcare costs, etc.) as they gain the work skills necessary to support their families. Our funds target women who are in desperate financial situations and absolutely must have both an education and our funds to assist them.

Support is available for full or part-time students attending vocational, community college or four-year degree programs. Very limited support is available for graduate studies. Requests for assistance are accepted on an on-going basis.

Eligibility

A woman who has survived domestic violence (partner abuse) and meets the following requirements is eligible to apply:

- Has been separated from her abusive partner for a minimum of one year;
- Is a citizen or permanent legal resident of the United States;
- Demonstrates a critical need for financial assistance;
- Is officially accepted into an accredited course of study at a United States institution. Preference is given to schools in the following order:
 - State-funded community colleges
 - State-funded colleges or universities
 - Technical/Vocational schools
 - Private colleges or universities
 - Proprietary schools
- Exhibits strong desire, ability and determination to complete a training and/or academic program;
- Has met with an academic counselor at the school she plans to attend/is attending and has a detailed academic plan;
- Has a definite plan to use the desired training to upgrade skills for career advancement, to train for a new career

field or to enter or reenter the job market, and

- Is sponsored by a non-profit, domestic violence service agency willing to provide mentoring support for the student throughout her educational experience. Applicant has been working with the Sponsoring Agency for a minimum of 6 months.

Other Criteria

- Please submit transcripts for prior school attendance. Prior GPA is not a selection criteria for this scholarship, however, recipients must achieve and maintain a minimum 2.75 GPA to remain eligible for renewal. Official transcripts must be sent to SLF at the end of each term/semester.
- Recipients must agree to remain in contact with SLF and participate in evaluations conducted by the Foundation for up to 2 years after graduation to determine the success of the program.

WISP's primary intent is to assist women with young children who have separated from an abusive partner within the past two years.

Women who have been parted from their batterers for more than two years are also invited to apply. However, funding for these individuals is limited.

Special consideration will be given to those who plan to use their education to further the rights of, and options for, women and girls.

Application Form

Please complete all parts of the application.

The application must be typed or written in black ink. Please adhere strictly to the guidelines of the application. Any materials submitted, other than those requested by the Foundation, will not be considered. Incomplete applications will not be reviewed. Should you have any questions about completing the application, call the Foundation office at 910-397-7742 or toll free at 866-255-7742.

Be sure that your sponsor reviews your application. This is an important step in developing a strong economic and educational plan. It is the applicant's responsibility to make sure that all required documents are sent directly to the Women's Independence Scholarship Program, c/o The Sunshine Lady Foundation, 4900 Randall Parkway, Suite H, Wilmington, NC 28403

All information contained in this application will be considered confidential.

Interview

An interview may be requested of the candidate and/or sponsor as part of the application process at the discretion of the Scholarship Review Committee. If distance makes it impossible for an in-person interview, a telephone interview may be arranged.

Notification

Each candidate will be notified in writing of the Scholarship Review Committee's decision. Please do not contact the Foundation regarding the status of your application.

Each candidate selected to receive financial assistance must notify the Foundation whether or not she will accept the offer. She must complete and return the contract (included with the decision letter) within 30 days or prior to the start of classes, whichever comes first. When Charitable Adjunct Assistance Awards are made, the candidate's sponsor must notify the Foundation when funds have been received by completing and returning the "No Goods and Services" form mailed with the award.

Notice of Nondiscrimination

The Sunshine Lady Foundation does not discriminate in its selection policy, programs or activities on the bases of race, color, creed, disability, national/ethnic origin, age, religion, sexual orientation or disabled veteran/Vietnam era veteran status.

Deadlines

Applications should be submitted as early as possible and **at least 2 months** before the start date of the program to be attended. SLF cannot guarantee that applications received after that period will be reviewed in time for funds to be awarded by the desired date.

Awards

Scholarship Awards

First priority: Awards for direct educational expenses (tuition, books and fees), paid directly to the educational institution.

Charitable Adjunct Assistance Awards

Next Priority: Awards that assist in reducing indirect financial barriers to education (for child care, transportation, etc.) will be paid directly to the sponsoring agency on behalf of the recipient.

Application Procedures

Renewals

WISP awards are paid by semester/term. At the end of each semester/term, scholarship recipients submit a Renewal Application. This one-page form will be sent to scholarship recipients in time for the next semester/term. In addition to this form, the following are required for scholarship renewal: transcript showing current GPA; school invoice and financial aid statement; updated financial information; narrative; sponsor report on how previous funds were used (if applicable).

Checklist

Please use this checklist to be sure your application is complete.

Include in your application packet:

- Part A*, Form (pages 1-6)
- Part B*, Narrative (instructions on page 7)
- Part C*, Sponsorship (pages 8-11)
 - 501(c)(3) Letter
 - Grievance Procedure
- Part D*, Reference List (page 12)

- A copy of transcripts from previously attended post-secondary schools

- Letter of acceptance from the educational program you plan to attend

- A copy of your school invoice (as soon as it is available) showing charges for the session you are planning to attend

- A copy of your financial aid award letter (as soon as available)

- A copy of your academic plan

- A copy of the first page of the Federal Income Tax returns filed for your family for the past two (2) years, along with your W-2's or 1099's

Part A, Form

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The SUNSHINE LADY Foundation, Inc. Request for Financial Assistance

Training and Educational Assistance for Survivors of Domestic Violence

Use this form as the cover sheet to your application. It must be typed or printed in black ink. All information contained in this application will be considered confidential. Please adhere strictly to the guidelines as outlined below. Note that incomplete applications will not be reviewed.

Background Information

Name: _____ Sex: F / M _____

Birth Date: _____ Social Security #: _____

Driver's License #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Email Address: _____

Referral Source (indicate how you learned of this Foundation): _____

List everyone living in your home in addition to you (please include each person's name, date of birth and relationship to you): _____

Have you been arrested in the past five years? Yes _____ No _____
If yes, please explain and give current status.

Are you a citizen or permanent legal resident of the United States? Yes _____ No _____
If permanent legal resident, please provide A# _____
If no, please explain the current status of your residency, type of visa and number.

Name _____

Employment

Are you currently working? Yes _____ No _____

If No, why not? _____

What steps have you taken to find employment? _____

If Yes, where do you work? _____

How long have you been employed with this company? _____

Job title: _____ Hours/Week _____

Your salary: Gross: _____ Weekly, Biweekly, Annual (circle one)

Net: _____ Weekly, Biweekly, Annual (circle one)

Work Address: _____

Work Phone: () _____

What is your experience with volunteering/community service?

Educational and Economic Plan

What educational programs have you participated in to date?

Name of School	Dates of Attendance		Major Subject/Course and Degree Earned	Date of Graduation
	From	To		
High School Address				
College Address				
Other School(s)				

Please submit transcripts for prior post-secondary education.

Are you enrolled in a school or training program this year? If so, where?

What course work are you taking?

What is your cumulative GPA (Grade Point Average)?

Name _____

What is your education goal (i.e., BS Accounting, AA Nursing, etc.)?

How does this goal fit into your overall plan for economic self-sufficiency?

What school are you interested in attending? In which program/major?

Please provide the full name, address and phone number of your academic advisor, and attach a separate copy of your academic plan.

Why did you choose this school? If there are other schools in your area, why did you choose this one?

What steps have you taken to determine that this school is your best option in terms of its program, cost and location?

Have you applied to this school/program? Yes _____ No _____

Have you been accepted into this school/program? Yes _____ No _____

If yes, please submit a letter or other verification of acceptance into the school/program.

If not, when do you anticipate receiving verification of your acceptance? You must already be accepted into an accredited course of study to be eligible for SLF assistance.

As soon as they are available, please submit a copy of the invoice/billing statement and financial aid award letter from your school.

Date that classes begin: _____

Date on which the school/program requires payment: _____

Expected date of completion of this entire educational program: _____

Financial Information

INCOME (include for everyone living in your household)

Household Money Coming In *Monthly*:

_____ Net Wages
 _____ TANF/Food Stamps/WIC
 _____ SSI/SSD
 _____ Child Support
 _____ Unemployment
 _____ HUD
 _____ Child Care Subsidy
 _____ Other (Describe) _____

School Money Coming in for the *Semester/Term*:

_____ Pell
 _____ SEOG/Other Grants
 _____ Stafford Loans
 _____ Scholarships
 _____ Tuition Waiver
 _____ Other (Describe) _____
 _____ Other (Describe) _____
 _____ Other (Describe) _____

EXPENSES Home and School

Money Going Out *Monthly*:

_____ Rent	_____ Car Payment
_____ Phone/Pager/Cell Phone	_____ Car Insurance
_____ Light/Heat/Water	_____ Gas/Maintenance for Car
_____ Cable/Internet	_____ Other Transportation (Bus, etc.)
_____ Food/Household Expenses	_____ Legal
_____ Childcare	_____ Other (Describe) _____
_____ Health Insurance & Medical Expenses	_____ Other (Describe) _____
_____ Charge Accounts	_____ Other (Describe) _____

School Charges for the *Semester/Term*:

_____ Tuition _____ Fees _____ Books/Supplies

Name _____

FINANCIAL ASSETS AND RESOURCES Other than Income	Current Total						
Savings							
Investments							
Home							
Car							
Other (Describe)							
Other (Describe)							
<i>TOTAL ASSETS</i>							
<p>Which of the above Financial Assets and Resources above can be used to offset Expenses during the next 12 months?</p>							
<p>Please list any loans or debts for which you are currently responsible:</p>							
<p>What other forms of assistance for your educational expenses have you applied for, or will you apply for? Please list the amounts requested, from whom you are requesting aid, and what the outcome is so far.</p>							
<p>What is your request from The Sunshine Lady Foundation?</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;"><u>Upcoming Term/Semester</u></th> <th style="width: 30%; text-align: center;"><u>Next 12 Months/ Entire School Year</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: right; vertical-align: bottom;">Total Requested:</td> <td style="text-align: center; vertical-align: bottom;">_____</td> <td style="text-align: center; vertical-align: bottom;">_____</td> </tr> </tbody> </table>			<u>Upcoming Term/Semester</u>	<u>Next 12 Months/ Entire School Year</u>	Total Requested:	_____	_____
	<u>Upcoming Term/Semester</u>	<u>Next 12 Months/ Entire School Year</u>					
Total Requested:	_____	_____					

Name _____

What classes are you intending to take in the upcoming term/quarter/semester?

Class Name	No. Credits	Start Date	End Date

Please provide a complete academic plan for the completion of your school program.

Please tell us about the school's terms. How many terms/quarter/semesters do they offer per year? What are they called? How long is each term?

Which terms/quarters/semesters do you plan to attend?

Are there any unusual circumstances that have had or are anticipated to have an impact on your financial situation? Please describe them in detail.

****Please submit a copy of the first page of the Federal Income Tax return filed for your family for the past two (2) years, along with your W-2's or 1099's (The IRS can furnish a copy of the returns if your name was included on them.)**

I understand that:

- *The Foundation reserves the right, at its discretion, to cancel or reduce any awards without liability.*
- *The support and assistance of a sponsor is integral to receipt of this award. I agree to work with the advocate assigned to me by my sponsor throughout my participation in this program. My advocate/sponsor has worked with me to develop my plan and has reviewed this application.*
- *I hereby make application for scholarship aid, subject to the terms of this program and certify that the information in this application is correct.*

Signature of Candidate

Date

Part B, Narrative

4900 Randall Parkway, Suite H
Wilmington, NC 28403

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The SUNSHINE LADY Foundation, Inc. Request for Financial Assistance

Training and Educational Assistance for Survivors of Domestic Violence

Narrative:

Please attach a typed statement (two to five, double-spaced pages) responding to each of the following questions. Make sure your name is on each page.

- Briefly describe the history of your abuse.
- How much time has elapsed between the most recent battering incident and this application for assistance?
- What steps have you taken to be free of your abuser?
- What personal difficulties/challenges do you anticipate in completing the educational plan you have proposed, such as single parenting, legal proceedings, mental or medical health issues? How will you handle these difficulties?
- How will this educational program benefit you? How does it relate to employment opportunities?
- What do you see as your greatest strengths? Weaknesses?
- Is there any other information you believe is important to the committee's understanding of why you should be considered as a scholarship recipient? Please explain.

Part C, Sponsorship

4900 Randall Parkway, Suite H
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Fax: 910-397-0023



The SUNSHINE LADY Foundation, Inc. Request for Financial Assistance

Training and Educational Assistance for Survivors of Domestic Violence

To the Candidate:

To qualify for scholarship consideration you must identify a nonprofit, domestic violence service provider you have worked with for at least six months who is willing to sponsor (provide support and advocacy) your educational efforts. Please complete the top section and deliver this form to the organization you want to have as your sponsor. The enclosed sponsorship agreement form, a copy of the sponsoring organization's 501(c)(3) verification letter and signed "Authorization for Release of Information" must be submitted with your application. *Please type or print.*

Name of Candidate: _____ Date: _____

Candidate's Address: _____ Phone: _____

Sponsoring Organization: _____ Contact Person: _____

Phone: _____ Fax: _____ Email: _____

To the Sponsor:

The largest barriers many adult women face in returning to school are the emotional pressures of navigating in a foreign environment, ongoing harassment by their perpetrators, and juggling work, school and single parenting. Access to a consistent source of support and assistance while in school can have an enormous impact on a woman's ability to succeed. To ensure that each scholarship recipient has both the backing and support she needs to achieve her educational goals, the Foundation requires that each applicant have the support of a sponsoring organization. It is the scholarship applicant's responsibility to identify a sponsor. The sponsor may be any non-profit {501(c)(3)} domestic violence victim service agency that has known and worked with the applicant for a minimum of six months.

The Sponsoring Agency Must:

- *Assess and then attest to the viability of the program plan, and the applicant's readiness for the program.* The sponsor must review the candidate's application and the proposed plan of study: Will it assist the applicant in reaching her goals? Does the applicant have the ability to complete the program outlined?
- *Provide support, encouragement and advocacy to the scholarship recipient.* An advocate or case manager assigned to the student assists her to develop, and regularly review, a personal economic plan. The plan incorporates all steps necessary to achieve the woman's job or career objective. These steps include budgeting of time and money, clear educational goals, building a support network, taking advantage of the resources available in her community regarding medical care, transportation, etc. and acclimating her to the language, campus and systems of the school or training program in which she is enrolled.
- *Act as a fiscal agent for the student's Charitable Adjunct Assistance Award (if one is made).* Deposit any Charitable Adjunct Assistance money received in a separate bank account on the student's behalf, or into an agency account you can track. The sponsor assists the student in determining the best use of the money awarded, disperses the funds to cover those expenses and forwards a financial accounting of the fund to the Foundation at the close of each quarter/semester. (**NOTE:** Funds awarded by the Foundation for tuition, books and fees will be paid directly to the educational institution.)

If you are willing to take on this role, please complete the Sponsor Agreement form and return it to your candidate, along with a copy of your 501(c)(3) verification letter and "Authorization for Release of Information" signed by you and the candidate. The candidate must include these materials with her application packet.



The SUNSHINE LADY Foundation, Inc.
Authorization for Release of Information

Training and Educational Assistance for Survivors of Domestic Violence

This is a confidentiality agreement that allows Women's Independence Scholarship Program sponsor,

_____, to share essential information about you with a duly authorized representative of The Sunshine Lady Foundation. The purpose of this agreement is to assist the Foundation in assessing the progress you have made toward meeting your educational goals and ensuring that sufficient resources are in place to support your personal economic plan. Any information shared will be given with discretion and respect.

I hereby give permission to any duly authorized representative of my sponsoring agency,

_____, to supply information requested by The Sunshine Lady Foundation pertaining to myself or my family. I release my sponsor and The Sunshine Lady Foundation of any and all liability for sharing such information. This release shall be in effect until I state, in writing, that it is no longer valid.

Comments:

Signatures:

Signature of Program Candidate

Signature of Sponsor Representative

Name of Candidate (please print)

Name of Sponsor Representative (please print)

Date

Name of Sponsoring Organization

Date



The SUNSHINE LADY Foundation, Inc.
**Sponsor Questionnaire and
Agreement Form**

Training and Educational Assistance for Survivors of Domestic Violence

Please print or type a response to the following questions either on this form or in an attached letter. Please sign and return it to the candidate along with a copy of your organization's 501(c)(3) verification letter and completed "Authorization for Release of Information."

Candidate's Name: _____

Please provide a brief history and description of your organization. Please include the experience your organization has in the provision of post-crisis services (long-term case management and support).

How long have you known the candidate? What is your experience with the candidate?

What is your understanding of the candidate's educational goals and overall personal economic plan? Does it appear that she has made the wisest possible choice of school (in terms of programs, expense and location)?

What are the candidate's strengths and weaknesses? What impact do you believe these qualities may have on the candidate's ability to achieve her education/career goals?

Please describe why you believe the candidate is deserving of a scholarship award. Speak to your knowledge of the applicant's motivation, capability and commitment to attending school.

Advanced planning is often the key to circumventing serious difficulties. Are you aware of any specific barriers that may challenge/hinder the candidate's ability to complete this program? If so, what steps will you take with the candidate to prepare for and lessen their effect? Some examples: physical or mental health issues; substance abuse; parenting; legal concerns.

Sponsor Agreement

_____, from this point forward referred to in this agreement as the organization or sponsor, does hereby agree to:

- Review the candidate's application and proposed plan of study and assess their viability prior to submission of this application.
- Meet with the candidate a minimum of **once a month**.
- Assist the candidate to reach her educational goals in the following ways. (Please state who will work with the candidate, how often, etc.)

- Make a clear grievance procedure available to help reach a resolution should a conflict develop between the sponsor and the candidate. (Please restate here or attach a copy of the procedure.)

- Provide support, encouragement and advocacy to the scholarship recipient. An advocate or case manager will help the student develop, and regularly review, a personal economic plan. The plan will incorporate all steps necessary to achieve the woman's job or career objective. These steps will include budgeting of time and money, clear educational goals, building a support network, taking advantage of the resources available in her community regarding medical care, transportation, etc. and acclimating her to the language, campus and systems of the school or training program in which she is enrolled. The economic plan will be in place no later than two weeks following the start of classes.

- Act as fiscal agent if the student is granted a Charitable Adjunct Assistance Award. Deposit the Charitable Adjunct Assistance Award funds in a separate bank account on the student's behalf. If that is not possible, the funds may be deposited into an agency account that you can track. Assist the student in determining the best use of the money awarded and disperse the funds to cover those expenses. Forward a financial accounting of the fund to the Foundation at the close of each quarter/semester/term. (**Note:** Funds awarded by the Foundation for tuition, books and fees will be paid directly to the educational institution.)

- Provide the Foundation with a written report of the candidate's progress at the end of each quarter/semester/term in addition to the financial accounting of funding.

- Participate in a review process with the candidate and The Sunshine Lady Foundation to determine whether the candidate is eligible for continued support through the Women's Independence Scholarship Program.

- Participate in evaluations conducted by The Sunshine Lady Foundation to determine the success of the program.

- Verify the tax-exempt status of the sponsoring organization (Attach a copy of the IRS 501(c)(3) letter.)

Signature: _____ Date: _____

Please Print Name: _____ Title: _____

Organization's Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Candidate's Name: _____

Part D, Reference List

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The SUNSHINE LADY Foundation, Inc. Request for Financial Assistance

Training and Educational Assistance for Survivors of Domestic Violence

Return this form to the *Women's Independence Scholarship Program* with your application packet. Letters of recommendation should be sent directly from each reference to The Sunshine Lady Foundation office. Only one of these letters may be from a personal friend or family member. Your sponsor representative may **not** be a reference. Others you might consider asking for a letter of reference include: an employer, a counselor or case manager you have worked with, the director of an organization you have volunteered for, a teacher; anyone who knows you well and can comment on your abilities, desire and determination to complete your training or educational goals.

Candidate's Name: _____

List here the people you have asked to send reference letters.

Name _____ Relationship to Applicant _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Name _____ Relationship to Applicant _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Name _____ Relationship to Applicant _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Reference Form 1

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To the Candidate:

Please complete the top section and give this form and a stamped envelope (addressed to the Women's Independence Scholarship Program, c/o The Sunshine Lady Foundation at the address above) to someone who knows you well and can comment on your potential success in this program. Only one of these letters may be from a personal friend or family member. Your sponsor representative may **not** be one of your three references.

The person writing the recommendation must send it directly to The Sunshine Lady Foundation office no more than ten days after you have submitted your application.

Please type or print.

Name of Candidate: _____ State of Residence: _____ Date: _____

Name of Reference: _____ Title (if any): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship to Applicant: _____

Fax Number: _____ Email Address: _____

To the Reference:

The candidate named above is applying to the Women's Independence Scholarship Program for financial assistance to attend an educational or training program. The Review Committee will appreciate your answering the questions below either on this form or in an attached letter. Please be specific and candid. Your letter must be mailed directly to The Sunshine Lady Foundation office and received no later than 10 days after the candidate has submitted her application. Please be sure to sign your recommendation.

How long have you known the applicant? In what capacity?

(Continued on next page)

Please speak of the candidate's financial need, as well as her academic potential, integrity, industry and motivation. Note any special qualities and/or unusual circumstances that may be relevant to the application.

Signature: _____ Date: _____

Please print name: _____

Candidate's name: _____

Reference Form 2

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The person writing the recommendation must send it directly to The Sunshine Lady Foundation office no more than ten days after you have submitted your application.

Please type or print.

Name of Candidate: _____ State of Residence: _____ Date: _____

Name of Reference: _____ Title (if any): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship to Applicant: _____

Fax Number: _____ Email Address: _____

To the Reference:

The candidate named above is applying to the Women's Independence Scholarship Program for financial assistance to attend an educational or training program. The Review Committee will appreciate your answering the questions below either on this form or in an attached letter. Please be specific and candid. Your letter must be mailed directly to The Sunshine Lady Foundation office and received no later than 10 days after the candidate has submitted her application. Please be sure to sign your recommendation.

How long have you known the applicant? In what capacity?

(Continued on next page)

Please speak of the candidate's financial need, as well as her academic potential, integrity, industry and motivation. Note any special qualities and/or unusual circumstances that may be relevant to the application.

Signature: _____ Date: _____

Please print name: _____

Candidate's name: _____

Reference Form 3

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Please type or print.

Name of Candidate: _____ State of Residence: _____ Date: _____

Name of Reference: _____ Title (if any): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship to Applicant: _____

Fax Number: _____ Email Address: _____

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The candidate named above is applying to the Women's Independence Scholarship Program for financial assistance to attend an educational or training program. The Review Committee will appreciate your answering the questions below either on this form or in an attached letter. Please be specific and candid. Your letter must be mailed directly to The Sunshine Lady Foundation office and received no later than 10 days after the candidate has submitted her application. Please be sure to sign your recommendation.

How long have you known the applicant? In what capacity?

(Continued on next page)

Please speak of the candidate's financial need, as well as her academic potential, integrity, industry and motivation. Note any special qualities and/or unusual circumstances that may be relevant to the application.

Signature: _____ Date: _____

Please print name: _____

Candidate's name: _____

Part A – Form (Pages 1-6)

This section of the application helps us to get to know you, your educational goals and your financial situation

Part B – Narrative (Instructions on page 7)

A form can't say it all. The Narrative allows us to get to know you in your own words.

Part C – Sponsorship (Pages 8-11)

Sponsors play a critical role in helping us identify appropriate applicants. Additionally, sponsors provide on-going mentoring and support to scholarship recipients during their school enrollment. This section outlines the role of sponsors.

Part D – References (Page 12)

We require that you provide three references. They may be submitted on these forms (pages 13 through 18) or by separate letter. Your sponsor may not be one of these references.

About the application:

We recognize that this is a long application. Do not be discouraged! If the entire application seems overwhelming you might try completing just a section at a time. Be sure to have your sponsor help you!

Notes

About eligibility:

To be eligible for this scholarship, applicants must be direct survivors of domestic violence (partner abuse) who have left the abusive relationship. While we abhor abuse from any source, our effort is in assisting those women who are survivors of partner abuse.

About Graduate school:

We have extremely limited funds to assist with graduate school expenses. While we applaud all women who pursue graduate degrees in law, medicine, social work, etc., they generally do not meet our basic "crisis situation" financial need criterion.

Questions?

If there are questions about eligibility for WISP funds, please call us toll-free at 866-255-7742