



TWELFTH ANNUAL STATEWIDE CONFERENCE
BEYOND BREAKING THE CYCLE OF VIOLENCE

SCHOLARSHIP APPLICATION

Applicant Information		
Full Name:		
DOB:	Place of Birth:	
Current Address:		
City:	State:	Zip Code:
Cell Phone:	Email Address:	
Financial Information		
What is your organization operational budget? (If known) _____		
Does your organization have a training budget? YES ___ NO ___		
If so, what is the budget? (If known) _____		
Are you able to cover the cost of training/conference in the amount of:		
Over \$60 ___ \$60 or less ___ Not available to cover cost ___		
Other Information		
Name of organization:	Name of executive director:	
Current position:	Years in current position:	
Have you been a volunteer or have an advocacy service to victims of crime at least one year? YES _____ NO _____		
If yes, please provide the following information:		
Where: _____ Contact Phone: _____		
Have you ever been victim of crime? YES ___ NO _____		
If yes, please provide the following:		
Nature of victimization _____		
City _____ State _____ Year _____		
In a short paragraph explain how you plan to implement the skills and knowledge acquired as a result of attending the conference in their ongoing work with crime victims.		
Signature:		Date:

This event is supported in part through funding from the Office for Victims of Crime, Office of Justice Programs, United States Department of Justice. Points of view expressed in this event are those of the organizers and do not necessarily represent the official position or policies of the U.S. Department of Justice.