

Will County Take Back the Night 2019 Survivor Scholarship

Will County Take Back the Night (WCTBTN) awards a \$1,000 scholarship to help survivors of intimate partner abuse obtain a post-secondary education that will offer them the chance to reshape their future by securing employment and gaining personal independence.

Candidates must be enrolled or planning to enroll at an accredited public or private post-secondary school, including community colleges, technical schools, and four-year universities. Scholarships are for post-secondary study only.

Eligibility

Candidates must meet all of the following eligibility requirements to apply:

- Survived intimate partner abuse*;
- Citizen or permanent legal resident of the United States;
- Enrolled or planning to enroll at an accredited public or private post-secondary or vocational institution;
- Recommended by a licensed or accredited domestic violence agency and/or counselor or social worker, willing to provide information on behalf of the applicant.

* The term intimate partner abuse describes physical, sexual, and/or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

Recommending Counselor/Social Worker/Agency

The recommending counselor, social worker, or agency must attest to supporting the applicant by providing information on the services and/or support provided to the candidate. An authorized representative must complete the recommendation agreement form and return it to the candidate for submission as part of the scholarship application.

Application and Deadlines

To be considered for the scholarship, applicants must submit all requested materials, including:

- Applicant Information Form
- Questionnaire
- Authorization for Release of Information
- Agency/counselor/social worker recommendation
- Letter of Recommendation

Completed applications and requested materials must be emailed or postmarked to WCTBTN by 11:59 p.m. CST on June 28, 2019.

All applications and materials should be mailed to:

**Will County Take Back the Night
P.O. Box 752
Joliet, IL 60434**

All information contained in this application will be considered confidential. Any materials submitted, other than those requested by WCTBTN, will not be considered. Incomplete applications will not be considered.

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Applicant Information Form - All Fields Required

Name		
Date of Birth	Social Security #	
Home Address		
City	State	Zip Code
Mailing Address (if different from home address)		
City	State	Zip Code
Phone	Email	
Referral Source (indicate how you learned of this scholarship)		
Are you a citizen or permanent legal resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		

My Education History					
	Name of School	City, State	Dates of Attendance	Degree Earned	Date of Graduation
High School or GED					
College					
College or University address (Financial Aid/Accounts Payable Office)					

My Education Goal		
Degree sought:		
Are you currently enrolled in an eligible program? (see p. 1) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated graduation date:		
List classes you are intending to take in the upcoming term:		
Course No.	Course Name	No. of Credits

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Questionnaire

Each answer should not exceed 500 words. Use additional pages if necessary.

Explain your educational goals and how this scholarship will help you achieve them.
List and explain your career goals.
Describe activities that you participate in which benefit your community.
Describe a challenge you have faced and the steps you took to overcome that challenge.

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Authorization for Release of Information - All Fields Required

To the Applicant:

To qualify for scholarship consideration you must identify an intimate partner abuse service provider you have worked with who is willing to attest to the services and support you have received as a survivor of intimate partner abuse. Please complete this page and deliver it to your provider, along with the questionnaire. Both pages must be submitted to WCTBTN along with all requested materials.

The purpose of this confidential agreement is to assist WCTBTN in assessing your scholarship application. Any information shared will be treated with discretion and respect.

I hereby give permission to any duly-authorized representative of my intimate partner abuse service provider to supply information requested by WCTBTN pertaining to myself. I release my provider and WCTBTN 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.

Signature of Applicant

Date

Signature of Provider

Date

Applicant Name		
Provider Name (agency and/or company)		
Contact Person		
Provider Mailing Address		
City	State	Zip Code
Email		Phone
Website (if applicable)		

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Agency/Counselor/Social Worker Recommendation

Complete this questionnaire and return it to your applicant, along with the "Authorization for Release of Information" form signed by you and the applicant. Use additional pages if necessary. Incomplete applications will not be considered.

How long have you worked with the applicant?
What is your experience with the applicant?
What is your understanding of the applicant's education goals?
Please describe why you believe the applicant is deserving of this scholarship award. Speak to your knowledge of the applicant's motivation, capability, and commitment to his/her career goals.
Name
Title
Employer

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Letter of Recommendation

Return this form to WCTBTN as part of your application along with your letter of recommendation. This may be from a personal friend or family member. Others you may consider asking for a letter of recommendation include an employer, teacher, and/or community leader.

Reference Name		
Relationship to Applicant		
Mailing Address		
City	State	Zip Code
Email	Phone	