



WOMEN'S
INDEPENDENCE
Scholarship Program

*Training and Education Assistance
For Survivors of Intimate Partner Abuse*

Please read the application instructions and information
carefully before starting.

Please keep a copy for your reference.

This form may be printed and completed in ink or it may be
completed on-line.

DO NOT submit this application by e-mail or fax. It will only
be reviewed if signed and sent by regular mail to:

Women's Independence Scholarship Program
4900 Randall Parkway, Suite H
Wilmington, NC 28403

Application Information

Purpose and Availability

The Women's Independence Scholarship Program (WISP) began as a project of The Sunshine Lady Foundation (SLF) of North Carolina. In 2008, WISP Inc. was established as a separate foundation by founder and President, Doris Buffett. A primary focus of WISP 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 education 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 interested in attending accredited programs at education institutions listed below, in order of preference:

- State supported community colleges
- State supported colleges or Universities
- Technical or vocational schools
- Private colleges or Universities
- Proprietary schools

Eligibility

A woman who meets the following requirements is eligible to apply:

- Survived intimate partner abuse;
- Is a citizen or permanent legal resident of the United States;
- Is officially accepted into an accredited course of study at a United States institution;
- Demonstrates a critical need for financial assistance;
- Exhibits strong desire, ability and determination to complete a training and/or academic program;
- 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.

WISP's primary intent is to assist women who have been separated from an abusive partner for a minimum of one year but not more than seven years.

Notice of Nondiscrimination

The Women's Independence Scholarship Program 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. WISP cannot guarantee that applications received after that period will be reviewed in time for funds to be awarded by the desired date.

Application Form

All information contained in this application will be considered confidential. Please use the form provided and complete all parts 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.

Before You Mail Your Application

Be sure that your sponsor reviews your application. This is an important step in developing a strong economic and education plan. Use the checklist provided to be sure your application is complete. It is the applicant's responsibility to make sure that all required documents are sent directly to the Women's Independence Scholarship Program, 4900 Randall Parkway, Suite H, Wilmington, NC 28403.

Review Process

Applications are reviewed in order of receipt. Both sponsor and recipient will be contacted by a scholarship coordinator during the review process. Complete applications are submitted to the Review Committee for final decision.

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.

Awards

Scholarship Awards

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

Charitable Adjunct Assistance Awards

Second 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.

Transcripts

While prior school transcripts are not required for this application, scholarship recipients must achieve and maintain a minimum 2.00 GPA to remain in the program. Transcripts must be sent to WISP Inc. at the end of each term/semester.

Renewals

WISP awards are paid by semester/term. At the end of each semester/term, scholarship recipients must submit a Renewal Application to receive further funding. This form is available online at wispinc.org. Instructions for completion are included.

Checklist

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 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

4900 Randall Parkway, Suite H
Wilmington, NC 28403

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



Women's Independence Scholarship Program, Inc.
Request for Financial Assistance

Training and Education Assistance for Survivors of Domestic Violence

Background Information

Name: _____ Sex: Female Male

Birth Date: _____ Social Security #: _____

Driver's License #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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

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 a 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: _____ Hourly Weekly Biweekly Annual

Net: _____ Hourly Weekly Biweekly Annual

Work Address: _____

Work Phone: _____

Briefly describe your experience with volunteering/community service:

Education and Economic Plan

My Education History					
Name of School	Dates of Attendance		Major Subject/Course and Degree Earned	Date of Graduation	GPA
	Start	End			
High School City, State					
College City, State					
Other School(s)					

Name _____

Education and Economic Plan (Continued)

My Education Goal				
Degree	Name of School	Program/Major	Start Date	Expected Graduation Date
Associate Degree				
Bachelor Degree				
Master Degree				
Certificate				
Other				

What steps have you taken to determine that the school you have chosen 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 Student ID #: _____
 No Date of expected acceptance: _____

Submit a copy of the invoice/billing statement and financial aid award letter from your school.

My School has (Check One): Quarters Semesters
 Other Specify: _____

I plan to attend (Check all that apply): Fall Winter Spring Summer
 Other Specify: _____

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

Course No.	Course Name	No. Credits	Start Date	End Date

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

Financial Information

INCOME (include for everyone living in your household)

Household Money Coming In *Monthly*:

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

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

_____ Pell
 _____ SEOG/Other Grants
 _____ Stafford Loans (Subsidized)
 _____ Stafford Loans (Unsubsidized)
 _____ Scholarships
 _____ Tuition Waiver
 _____ Other (Describe) _____
 _____ 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	_____ Charge Accounts
_____ Childcare	_____ Other (Describe) _____
_____ Health Insurance & Medical Expenses	_____ Other (Describe) _____

School Charges for the *Semester/Term*:

_____ Tuition & Fees _____ Books & Supplies

Name _____

Financial Information (Continued)

FINANCIAL ASSETS AND RESOURCES Other than Income	Current Total
Savings	
Investments	
Home	
Car	
Other (Describe)	
Other (Describe)	
TOTAL ASSETS	\$0

Which of the above **Financial Assets and Resources** above can be used to offset **Expenses**?

List any loans or debts for which you are currently responsible:

Name: _____ Amount: _____ Name: _____ Amount: _____
 Name: _____ Amount: _____ Name: _____ Amount: _____

How much do you currently owe in student loans? _____ Are these loans in deferment? Yes No

Are any of your student loans in default? Yes No If yes, explain: _____

What other forms of assistance for your education expenses have you applied for, or will you apply for? List the amounts requested, from whom you are requesting aid, and what the outcome is so far.

Name _____

Summary

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

What is your request from the *Women's Independence Scholarship Program* for the upcoming term or semester?

Total Requested: _____ For what purpose? _____

****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:

- *WISP, Inc. 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

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



Women's Independence Scholarship Program, Inc. Request for Financial Assistance

Training and Education Assistance for Survivors of Domestic Violence

Narrative Instructions:

Attach a separate typed statement responding to each of the following questions. This statement should be a total of two to five pages, (double-spaced). 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 do your education goals enable you to get a job that will allow you to support yourself and your children?
- 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
Wilmington, NC 28403



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

Women's Independence Scholarship Program, Inc. Request for Financial Assistance

Training and Education 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: _____

Sponsoring Organization: _____

Contact Person: _____

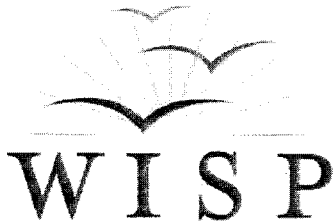
To the Sponsor:

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, this scholarship program 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 month.

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 education 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 WISP, Inc. at the close of each quarter/semester. (**NOTE:** Funds awarded by WISP, Inc. 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.



Women's Independence Scholarship Program, Inc.
Authorization for Release of Information

Training and Education Assistance for Survivors of Domestic Violence

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

Insert Advocate Name, to share essential information about you with a duly authorized representative of the Women's Independence Scholarship Program, Inc. (WISP, Inc.). The purpose of this agreement is to assist WISP, Inc. in assessing the progress you have made toward meeting your education 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,

Insert Agency Name, to supply information requested by WISP, Inc. pertaining to myself or my family. I release my sponsor and WISP, Inc. 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 (print)

Name of Sponsor Representative (print)

Date

Name of Sponsoring Organization

Date

4900 Randall Parkway, Suite H
Wilmington, NC 28403

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



Women's Independence Scholarship Program, Inc.
**Sponsor Questionnaire and
Agreement Form**

Training and Education 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, client grievance procedure 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 education 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.
- Assist the candidate to reach her education 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 education 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 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 WISP, Inc. at the close of each quarter/semester/term. (Note: Funds awarded by WISP, Inc. for tuition, books and fees will be paid directly to the educational institution.)
- Provide WISP, Inc. with a written report of the candidate's progress at the end of each quarter/semester/term.
- Participate in a review process with the candidate and WISP, Inc. to determine whether the candidate is eligible for continued support through the Women's Independence Scholarship Program.
- Participate in evaluations conducted by WISP, Inc. 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: _____

Print Name: _____ Title: _____

Organization: _____ Phone: _____ Ext: _____ Fax: _____

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

Email: _____ Candidate's Name: _____

Part D, Reference List

4900 Randall Parkway, Suite H
Wilmington, NC 28403



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

Women's Independence Scholarship Program, Inc. Request for Financial Assistance

Return this form to the Women's Independence Scholarship Program with your application packet. Letters of recommendation may be included with your application or sent directly to the Women's Independence Scholarship Program 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 education 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

4900 Randall Parkway, Suite H
Wilmington, NC 28403

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



Women's Independence Scholarship Program, Inc. Request for Financial Assistance

To the Reference:

The candidate named below 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 received by the Women's Independence Scholarship Program office no later than 10 days after the candidate has submitted her application. Be sure to sign your recommendation.

Type or print.

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

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

Please rate the candidate in the following areas, based upon your knowledge of her achievements and strengths.

	Strongly Disagree	Mostly Disagree	Somewhat Agree	Mostly Agree	Strongly Agree	Don't Know
A. The applicant is motivated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The applicant has demonstrated a strong sense of responsibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The applicant has demonstrated strength in character.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The applicant has clear goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. The applicant would be an inspiration to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Continued on next page)

Please tell us what you believe to be the candidate's particular strengths in her personal, educational or professional life. Be as specific as you can, and give examples of specific accomplishments.

What is your knowledge of the candidate's educational goals, and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.

Is there any additional information we should know about this applicant in regard to this award program?

Signature: _____ Date: _____

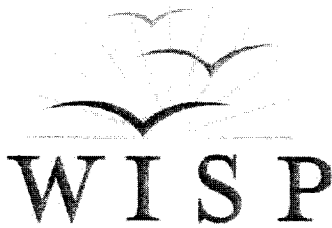
Print name: _____

Address: _____

Relationship to Applicant: _____

Reference Form 2

4900 Randall Parkway, Suite H
Wilmington, NC 28403



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

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To the Reference:

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Type or print.

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

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

Please rate the candidate in the following areas, based upon your knowledge of her achievements and strengths.

	Strongly Disagree	Mostly Disagree	Somewhat Agree	Mostly Agree	Strongly Agree	Don't Know
A. The applicant is motivated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The applicant has demonstrated a strong sense of responsibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The applicant has demonstrated strength in character.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The applicant has clear goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. The applicant would be an inspiration to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Continued on next page)

Please tell us what you believe to be the candidate's particular strengths in her personal, educational or professional life. Be as specific as you can, and give examples of specific accomplishments.

What is your knowledge of the candidate's educational goals, and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.

Is there any additional information we should know about this applicant in regard to this award program?

Signature: _____ Date: _____

Print name: _____

Address: _____

Relationship to Applicant: _____

Reference Form 3

4900 Randall Parkway, Suite H
Wilmington, NC 28403

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



Women's Independence Scholarship Program, Inc. Request for Financial Assistance

To the Reference:

The candidate named below 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 received by the Women's Independence Scholarship Program office no later than 10 days after the candidate has submitted her application. Be sure to sign your recommendation.

Type or print.

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

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

Please rate the candidate in the following areas, based upon your knowledge of her achievements and strengths.

	Strongly Disagree	Mostly Disagree	Somewhat Agree	Mostly Agree	Strongly Agree	Don't Know
A. The applicant is motivated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The applicant has demonstrated a strong sense of responsibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The applicant has demonstrated strength in character.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The applicant has clear goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. The applicant would be an inspiration to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Continued on next page)

Please tell us what you believe to be the candidate's particular strengths in her personal, educational or professional life. Be as specific as you can, and give examples of specific accomplishments.

What is your knowledge of the candidate's educational goals, and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.

Is there any additional information we should know about this applicant in regard to this award program?

Signature: _____ Date: _____

Print name: _____

Address: _____

Relationship to Applicant: _____

General Notes

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!

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 (Pages 12-18)

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 eligibility:

To be eligible for this scholarship, applicants must be survivors of intimate 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 intimate 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