

Scholarship Application

Justice Coalition, Inc.

Application due date: February 20, 2017

Ann Dugger Scholarship Award

\$2500 Scholarship 2017

DEADLINE: must be postmarked or received no later than 4:00 p.m. Monday, February 20, 2017. **(NO EXCEPTIONS)**

1. Incomplete applications will not be considered.
2. If any question does not apply to you in this application please put N/A in the space.
3. Type or print legibly. Illegible applications will be returned to you.
4. You will be notified by phone or email in March regarding the status of your application.
5. If you have any questions about the application, contact us by email at justice@justicecoalition.org. Phone calls to Cam Brown, 904-783-6312.

PURPOSE The mission of the scholarship is to provide financial assistance to innocent victims of violent crime or their family members who have been served by the Justice Coalition. The term "family" includes spouses, siblings, parents, children, grandparents, and grandchildren. The Scholarship principally targets two and four year academic programs. Payment will be made directly to the college or university for tuition, books or fees.

Please submit application to: Justice Coalition, Inc.
Attn: Cam Brown
1935 Lane Avenue South, Suite # 1
Jacksonville, FL 32210

Or: cam@justicecoalition.org

Application 2017 must be filled out by student/person seeking the scholarship.

Please type or print your answers below. A separate sheet may be used if needed. If application is illegible it will be returned to you.		
1.	Please provide the name of the person who was victimized.	What type of crime was involved (i.e. assault, murder, etc.) and date of the crime.
2.	Applicant's Last Name:	First Name:
3.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	

4.	Telephone Number: () Email address: _____		
5.	High School Name, City & State:	High School Graduation date:	
6.	I plan to attend the following 2- or 4- year college or university in <u>2017</u> : _____ Address/ Phone		
7.	What year will you enter school? Freshman Sophomore Junior Senior		
8.	Will you be a full time student? Yes____ No____ (Minimum 12 hrs.)		
9.	If you are a minor, name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Phone of parent or legal guardian: _____		
10.	What specialty/major do you plan to major in as you continue your education?		

Please list the following information on a separate sheet if needed.

11.	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
12.	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.

13.	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.		
14.	GOALS: What are the short and long term goals for your life?		
15.	A. The following criteria must be met in order for the application to qualify to be reviewed by the scholarship committee. B. Your application will not be considered if these items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have completed and attached each item as required.		
	YES	NO	Application complete
	YES	NO	Most recent <u>official</u> high school or <u>official</u> college transcript. Photocopies of your transcript are not acceptable .
	YES	NO	Photo (Head Shot) hard copy or jpeg file if sending via email
	YES	N/A	<u>If you have already been accepted. If not, please circle N/A.</u> Proof of college acceptance or current student enrollment. A letter of college enrollment or program enrollment is required for receipt of funds.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote Justice Coalition, Inc., Ann Duggar Scholarship Award Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

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