

Esperanza! A Woman's Hope, Inc.

"Empowerment through educational opportunity for survivors of domestic violence."

Scholarship Application Booklet

Contains application information, forms, and instructions for candidates and sponsors.

Please read carefully before starting.

After completing, please keep a copy for reference.

This booklet may be copied.

(Grateful appreciation is expressed to The Sunshine Lady Foundation, Inc. for their permission to adapt the materials within.)

Contact Information:

Esperanza! A Woman's Hope, Inc.
PO Box 384
Lovejoy, GA 30250
PH: 770-210-1187
womanshope@bellsouth.net

(Updated September 2005)

Application Procedures

Background, Purpose and Availability

Esperanza! A Woman's Hope, Inc., is a Georgia-based 501(c)(3) organization, which offers charitable and educational assistance to survivors of domestic violence in the state of Georgia. The Esperanza! A Woman's Hope Scholarship Program has been created to assist survivors of domestic violence who are returning to school for job skills upgrade, leading to economic autonomy.

Scholarship Application Qualification

Scholarship applicants must meet the following criteria:

Each applicant must be verified as presently receiving services from a certified battered women's shelter within the state of Georgia (or receiving services from a certified battered women's transitional program, within the state of Georgia, which is specifically designated to empower survivors of domestic violence.)

Note: When referring to survivors of domestic violence, our purpose is to indicate survivors of spousal / partner violence

Applicant must be a citizen or permanent legal resident of the United States,

Applicant must demonstrate a financial need, based on their individual income and assets (not joint spousal income or assets) that meet federally established poverty standards,

Applicant must express an earnest desire for job skills upgrade, while demonstrating the personal qualities of integrity, tenacity, self-esteem, and an undaunted commitment where follow-through is concerned.

Applicant must be presently enrolled in (or have applied for and been accepted to) an accredited, state-funded school (i.e.: vo-technical school, community college, or four year college / university) within the state of Georgia, and in need of financial assistance pursuant to the program of study.

If presently enrolled, each applicant must have maintained an overall GPA of 2.8 and no lower.

Each applicant must be sponsored by a non-profit, domestic violence service agency willing to provide mentoring support for the student throughout her educational experience.

Applicant must have been working with the Sponsoring Agency for a minimum of 6 months.

Each trade, certificate, or degree program enrolled in / applied for must encompass a career field in which there exists a verifiable need for skilled, qualified personnel, and which offers above-average entry-level salaries, leading to career growth and economic stability for the recipient.

Given our limited funds, plus the objectives of our organization, preference is given to

Women who are residing in certified domestic violence shelters or participating in transitional programs located within rural and coastal counties in the state of Georgia.

Members of Georgia's Hispanic community who are residing in certified domestic violence shelters or participating in transitional programs associated with certified shelters located within rural, coastal, and inner city areas in the state of Georgia.

However, all survivors of domestic violence (i.e.: spousal / partner violence) may apply.

Distribution of Funds

Once acceptance to an accredited, state funded vo-technical school, community college, or four year academic institution in the state of Georgia has been verified, and recipients selected, checks will be written by the Esperanza! A Woman's Hope organization, on behalf of each recipient, to the institution in which the recipient is enrolled / has been accepted.

"Special Needs Funding" checks to cover the costs of gasoline, public transportation and child care costs, while the recipient is in classes, will be considered and allocated in a likewise manner; however, tuition funding assistance is our primary objective.

Other Criteria

Please submit transcripts for prior school attendance. Prior GPA is not a selection criterion for this scholarship; however, recipients must achieve and maintain a minimum 2.8 GPA to remain eligible for renewal. Official transcripts must be sent to Esperanza! A Woman's Hope at the end of each term/semester.

Recipients must agree to remain in contact with Esperanza! A Woman's Hope and participate in evaluations conducted by our organization for up to 2 years after graduation to determine the success of the program.

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 will not be considered. Incomplete applications will not be reviewed. Should you have any questions about completing the application, call us at 770-210-1187 or e-mail us at womanshope@bellsouth.net.

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 Esperanza! A Woman's Hope at PO Box 384, Lovejoy GA 30250.

All information contained in this application will be considered confidential.

Application Procedures

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 us regarding the status of your application.

Each candidate selected to receive financial assistance must notify Esperanza! A Woman's Hope on 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 Special Needs Assistance Awards are made, the candidate's sponsor must notify Esperanza! A Woman's Hope when funds have been received by completing and returning the "No Goods and Services" form mailed with the award.

Notice of Nondiscrimination

Esperanza! A Woman's Hope 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. Esperanza! A Woman's Hope 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.

Special Needs 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.

Renewals

Esperanza! A Woman's Hope awards are paid by semester/term. At the end of each semester/term, scholarship recipients must 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

Esperanza! A Woman's Hope, Inc.
PO Box 384
Lovejoy GA 30250
PH: 770-210-1187
womanshope@bellsouth.net

Request for Financial Assistance

“Empowerment through educational opportunity 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 organization):

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> | | | | | | | |
| Which of the above Financial Assets and Resources above can be used to offset Expenses during the next 12 months? | | | | | | | |
| Please list any loans or debts for which you are currently responsible: | | | | | | | |
| 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. | | | | | | | |
| What is your request from Esperanza! A Woman's Hope? <table style="width: 100%; margin-top: 20px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Upcoming Term/Semester</u></th> <th style="width: 20%; 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:

- *Esperanza! A Woman's Hope 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

Request for Financial Assistance

“Empowerment through educational opportunity 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

Esperanza! A Woman's Hope, Inc.
PO Box 384
Lovejoy GA 30250
PH: 770-210-1187
womanshope@bellsouth.net

Request for Financial Assistance

“Empowerment through educational opportunity 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, Esperanza! A Woman's Hope 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 Special Needs Assistance Award (if one is made).* Deposit any Special Needs 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 Esperanza! A Woman's Hope at the close of each quarter/semester. (**NOTE:** Funds awarded by Esperanza! A Woman's Hope 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.

Request for Financial Assistance

“Empowerment through educational opportunity for survivors of domestic violence”

This is a confidentiality agreement that allows Esperanza! A Woman's Hope sponsor,

_____, to share essential information about you with a duly authorized representative of Esperanza! A Woman's Hope. The purpose of this agreement is to assist our organization 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 Esperanza! A Woman's Hope pertaining to myself or my family. I release my sponsor and Esperanza! A Woman's Hope 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

Request for Financial Assistance

“Empowerment through educational opportunity 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, career outlook, 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 Special Needs Funding Assistance. Deposit these 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 Esperanza! A Woman’s Hope at the close of each quarter/semester/term. (**Note:** Funds awarded by Esperanza! A Woman’s Hope for tuition, books and fees will be paid directly to the educational institution.)

- Provide Esperanza! A Woman’s Hope 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 Esperanza! A Woman’s Hope to determine whether the candidate is eligible for continued support through the Esperanza! A Woman’s Hope Scholarship Program.

- Participate in evaluations conducted by Esperanza! A Woman’s Hope 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

Esperanza! A Woman's Hope, Inc.
PO Box 384
Lovejoy GA 30250
PH: 770-210-1187
womanshope@bellsouth.net

Request for Financial Assistance

“Empowerment through educational opportunity for survivors of domestic violence”

Return this form to the Esperanza! A Woman's Hope Scholarship Program with your application packet. Letters of recommendation should be sent directly from each reference to Esperanza! A Woman's Hope. 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

Esperanza! A Woman's Hope, Inc.
PO Box 384
Lovejoy GA 30250
PH: 770-210-1187
womanshope@bellsouth.net

Request for Financial Assistance

"Empowerment through educational opportunity for survivors of domestic violence"

To the Candidate:

Please complete the top section and give this form and a stamped envelope (addressed to the Esperanza! A Woman's Hope Scholarship Program at PO Box 384, Lovejoy GA 30250) 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 Esperanza! A Woman's Hope 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 Esperanza! A Woman's Hope 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 Esperanza! A Woman's Hope at PO Box 384, Lovejoy GA 30250 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

Esperanza! A Woman's Hope, Inc.
PO Box 384
Lovejoy GA 30250
PH: 770-210-1187
womanshope@bellsouth.net

Request for Financial Assistance

“Empowerment through educational opportunity for survivors of domestic violence”

To the Candidate:

Please complete the top section and give this form and a stamped envelope (addressed to the Esperanza! A Woman's Hope Scholarship Program at PO Box 384, Lovejoy, GA 30250) 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 to Esperanza! A Woman's Hope 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 Esperanza! A Woman's Hope 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 Esperanza! A Woman's Hope at PO Box 384, Lovejoy GA 30250 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

Esperanza! A Woman's Hope, Inc.
PO Box 384
Lovejoy GA 30250
PH: 770-210-1187
womanshope@bellsouth.net

Request for Financial Assistance

"Empowerment through educational opportunity for survivors of domestic violence"

To the Candidate:

Please complete the top section and give this form and a stamped envelope (addressed to the Esperanza! A Woman's Hope Scholarship Program at PO Box 384, Lovejoy GA 30250) 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 to Esperanza! A Woman's Hope 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 Esperanza! A Woman's Hope 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 Esperanza! A Woman's Hope at PO Box 384, Lovejoy GA 30250 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.

Questions?

If there are questions about eligibility for the Esperanza! A Woman's Hope scholarship funds, please call us at 770-210-1187 or e-mail at womanshope@bellsouth.net.