



## Mayor's Victim Assistance Advisory Council

### Survivor Scholarship Application Form

#### **Purpose**

Survivors of crime often struggle to rebuild their lives and regain a sense of dignity after the victimization. This scholarship is designed to recognize and assist individuals in achieving self-efficacy by furthering their goal of achieving an education. The *Survivor Scholarship* is funded by proceeds from the annual Victims Rights' Luncheon and is awarded to a resident of Jacksonville, Florida who has been impacted by crime.

#### **Eligibility**

This scholarship provides financial support and encouragement to an individual who is either a primary or secondary survivor of a violent crime (including, but not limited to, homicide, aggravated assault/battery, sexual violence, domestic/dating violence, child abuse and stalking) or family member of a missing person.

Other criteria include:

- 1) Current Duval County resident
- 2) Victimization or missing status must have occurred in Jacksonville, Florida (Duval County)
- 3) Currently accepted or enrolled in a college/university or career school with satisfactory achievement (in good standing)

The scholarships can be used for tuition assistance, room and board support, books and supplies at accredited two and four-year colleges and universities and recognized career (trade, technical or vocational) schools. The funds will be dispersed directly to the educational institution for the next term.

The Scholarship recipient will be acknowledged during the Victims' Rights Week Luncheon.

Direct questions to Kyra Williams at (904) 255-3321 or [Vaac@coj.net](mailto:Vaac@coj.net)

**Submit completed application by 5:00p.m. Thursday, March 14, 2024**

Mail to:  
Attn: Survivor Scholarship  
City of Jacksonville  
Mayor's Victim Assistance Advisory Council  
1809 Art Museum Drive, Suite 100  
Jacksonville, Florida 32207

Email to:  
Attn: Survivor  
[vaac@coj.net](mailto:vaac@coj.net)



**Mayor's Victim Assistance Advisory Council**  
Survivor Scholarship Application Form

**Applicant Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**School Information**

School/College/University: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Major/Course of Study: \_\_\_\_\_

Program or Degree:  Certification     Diploma     Undergraduate     Graduate

Classification/Program Year \_\_\_\_\_

Anticipated Date of Graduation (Month/Year): \_\_\_\_\_ GPA \_\_\_\_\_

**Application Checklist**

- Signed application form.
- A letter from a staff member/volunteer of a criminal justice/ victim serving agency or a school counselor/representative who can document your victimization status and any accomplishments.
- A one – two page personal statement describing “*Why you should be chosen to receive this scholarship*” and a statement of financial need
- An acceptance letter or enrollment verification that includes documentation of satisfactory performance from a two or four-year accredited college or university or recognized career school (technical or vocational school).

*My signature below certifies the information provided in this application packet is true. I am aware the information provided will be verified.*

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date