



THE MAYOR'S VICTIM ASSISTANCE ADVISORY COUNCIL

Seek Justice | Ensure Victims' Rights | Inspire Hope

Survivor Scholarship

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 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 Laura Davis at (904) 630-1042 or Vaac@coj.net

Deadline to submit application Friday, February 14, 2020

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

City of Jacksonville - Social Services Division
1809 Art Museum Drive, Suite 100, Jacksonville, Florida 32207
904-630-1042/Vaac@coj.net

VAAC Survivor Scholarship Application Form



Applicant Information

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

School Information

School/College/University _____

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 (or volunteer) of a criminal justice or victim serving agency who can document that you received services and any accomplishments
- A one-page personal statement describing "Why you should be chosen to receive this scholarship"
- 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 that the information provided in this application packet is true. I am aware that the information provided will be verified.

Applicant Signature

Date