



**Crime Victims United
CHARITABLE FOUNDATION**

**CATINA ROSE MEMORIAL SCHOLARSHIP
ELIGIBILITY REQUIREMENTS**

The Catina Rose Memorial Scholarship was established in 2007 to assist young people who have been victims of crime or victim survivors of crime with higher education so that they may continue to heal and move on with their lives to become productive members of our communities. In order to be eligible to apply for the Catina Rose Memorial Scholarship applicants must comply with the following requirements:

- Must be a victim or victim survivor of a crime
- Must be pursuing higher education whether through community college, state college, university or trade school
- Must be a High School Graduate or current high school senior graduating
- Must be active in community service
- Must be a California Resident
- Must have no arrests or convictions
- Must be a legal U.S. Citizen

Each applicant must complete an application and include in their Application Package the following:

1. Completed and Signed Application
2. Official High School Transcript

3. One Letter of Recommendation – must be specifically addressed to Crime Victims United Charitable Foundation from a law enforcement member or District Attorney (unrelated).

4. Typed Personal Statement – Your statement serves as a personal interview and is therefore one of the most important aspects of this application. It should be written solely for Crime Victims United Charitable Foundation and should be no more than two pages addressing the following:

- Information about yourself, your family and background;
- Information on the crime that you are a victim of;
- How you have overcome your tragedy;
- Your contributions to the community & any volunteer activities you have participated in (including number of hours);

- Educational/Career goals and aspirations;

- High school activities, achievements and leadership abilities &

- Financial situation and/or need.

Selection is based on the following:

- Personal Statement & Community Involvement
- Letter of Recommendation
- Financial Need

Postmarked Application Deadline: June 30. Applications postmarked after June 30 will not be accepted; no extensions or exceptions. Applications sent by fax or email are not acceptable.

Recipients will be notified and will be invited to attend the Crime Victims United Charitable Foundation Classic Cup Golf Tournament. (MUST be present to receive scholarship). All decisions are final and at the sole discretion of the chair of Crime Victims United Charitable Foundation.

Mailing Instructions:

- All materials must be sent in one envelope, including the letter of recommendation and transcript
- Application package must be postmarked no later than June 30
- Send Application Packet to:
 - Crime Victims United Charitable Foundation
 - 11400 Atwood Road
 - Auburn, CA 95603

CRIME VICTIMS UNITED
CHARITABLE FOUNDATION
CATINA ROSE MEMORIAL SCHOLARSHIP
APPLICATION

Personal Information

***Carefully print or type information, we will be contacting you based on this contact information*

Present Grade Level: _____

Full Name: _____
Last First M.I.

Permanent Address: _____
Street Address

City State ZIP code

Mailing Address: _____
(if different from above) Street Address

City State ZIP Code

Phone: (____) _____ Cell Phone(____) _____

E-Mail Address: _____ SSN ____-____-____

Gender: M ___ F ___ Birthdate: ____/____/____ Age: _____

Ethnicity/Racial Background:

Please indicate which of the following groups best describes your ethnic background. This information is voluntary and will be used in a non-discriminatory manner, consistent with applicable civil rights laws and will not be used in any scholarship decision.

American Indian or Alaskan Native Asian or Pacific Islander Hispanic or Latino
 African American, Black White, Non-Hispanic Other: _____

High School Information

School District: _____

School Name: _____

Name of your Counselor: _____

School Address: _____
Street Address

City State ZIP Code

School Phone:(____) _____

Family Information

I live with: both parents single parent legal guardian

Parents/Guardians Name: _____
Last *First* *M.I.*

Permanent Address: _____
Street Address

City *State* *ZIP Code*

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Occupation: _____

Please indicate your parents' highest level of education:

No high school Some High School High School Diploma or GED

Some College Bachelor's Degree Graduate/Professional Degree

Do you have any siblings? Yes No If so, how many? _____ Ages: _____

Activities

Please list the organizations, activities, jobs and internships that indicate your special contributions, talents, honors and abilities in the areas of extra curricular activities, service and work.

Extracurricular Activities:

<u>Organization</u>	<u>Position</u>	<u>Description of Activity</u>	<u>Hours per Wk</u>

If you need to attach additional pages, please follow the same format

Community Service:

Service/Volunteer Work	Description of Service	From-Thru	Total Hours

If you need to attach additional pages, please follow the same format

Talents/Awards/Honors

Talents/Awards/Honors	Description	Year Received
_____		10 11 12
_____		10 11 12
_____		10 11 12

If you need to attach additional pages, please follow the same format

Incident Information

Are you a: Victim__ Victim Survivor __ Date of Incident: ____/____/____

What type of crime are you a victim of: _____

Your age at time of crime:_____ County in which crime occurred: _____

Did you cooperate with Law Enforcement? __Yes __No

Financial Information

Have you saved any money for college? __Yes __No If so, how much? \$_____

List other scholarships or loans which you have been awarded (including amounts).

<u>Scholarship/Loan:</u>	<u>Amount:</u>
_____	_____
_____	_____
_____	_____

Student Profile

What colleges or universities are you considering?

List possible majors and areas of interest:

<u>Major</u>	<u>Area of Interest</u>
_____	_____
_____	_____

Have you already been accepted into a college/university? __Yes __No

If so, what college/university: _____

Will you attend full time (min. 12 credits per semester)? Yes No
If no, how many credits per semester will you be taking? _____

Certification:

- I certify that I am a senior in high school or a high school graduate.
- I certify that I am a United States Citizen.
- I agree to notify Crime Victims United Charitable Foundation of any changes in my enrollment status.
- I give permission to Crime Victims United Charitable Foundation to use my name, picture or likeness as a scholarship recipient for the purpose of public relations/advertisement.
- I understand that all application materials become the property of Crime Victims United Charitable Foundation and will not be returned to me.
- I certify that I have read all the above stipulations and accept all conditions thereof.

I certify that this information is complete and correct to the best of my knowledge.

Student's Signature

Date

Student's Name Printed

Parent/Guardian's Signature

Date

Parent/Guardian's Name Printed