



## ***Paula E. Hess Memorial Scholarship***

**In addition to the *Scholarship Application*, please include the *Required Documents Listed Below*:**

- A detailed overview of your education plan/degree or the course of certification description for the upcoming scholarship year; be specific and include details of your long-term educational goal(s). Include the name of your prospective institution, your anticipated major area of study, and where you stand in the application process.**
- A detailed budget for the coming academic year. A planning tool is included to assist you with preparing your budget. See Exhibit A.**
- If you are seeking post-secondary education, please include a certified copy of your GPA.**
- If currently enrolled in an educational or vocational program, please provide a copy of your most recent transcript.**
- Proof of acceptance or enrollment in your course of study. (Money will only be distributed upon proof of enrollment.)**



## ***Paula E. Hess Memorial SCHOLARSHIP APPLICATION***

---

**The Center for Abuse and Rape Emergencies, Inc. (C.A.R.E.)  
Attn: Paula E. Hess Memorial Scholarship Committee  
PO Box 510234  
Punta Gorda, Florida 33951-0234**

**Please complete the application with all details requested:**

### ***PERSONAL DATA:***

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

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN Last 4 Digits: \_\_\_\_\_

\_\_\_\_\_ I am enrolling in post-secondary education in social work, law enforcement, psychology, nursing, human services, or any other course of study related to assisting survivors of domestic violence or sexual assault.

\_\_\_\_\_ I am a survivor

\_\_\_\_\_ I am a survivor's family member

Course of Study \_\_\_\_\_

**EDUCATION COMPLETED TO DATE:**

Name of High School: \_\_\_\_\_

City and State: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Technical School: \_\_\_\_\_ Major: \_\_\_\_\_

Other: \_\_\_\_\_

**List two references and attach original letters of reference/recommendation to application.**

1. Name of reference: \_\_\_\_\_

Relationship of reference: \_\_\_\_\_

\_\_\_\_\_

2. Name of reference: \_\_\_\_\_

Relationship of reference: \_\_\_\_\_

**Describe any volunteer or community activities in which you have participated and explain why it is/was important to you. (Use additional pages if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe your employment history, if any. List job titles, skills learned, place of employment and dates of employment.**

---

---

---

---

---

---

---

---

---

---

**Feel free to add any additional information to this application that you believe is important for the Scholarship Committee to know about you:**

---

---

---

---

---

---

---

---

---

---

***Applications must be submitted with all required documents to be considered.***

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Approved November 2021

## Exhibit A:

### Paula E. Hess Scholarship Application

#### Budget Planning

Name \_\_\_\_\_

Income	Current	Projected
Job - take home pay		
Family assistance		
Financial aid		
Unemployment pay		
Alimony/Child support		
Other		
Other		
Other		
<b>Total Net Income</b>		
<b>School Expenses</b>		
Tuition		
Text books & supplies		
School fees		
<b>Living Expenses</b>		
Rent		
House payment		
Power bill		
Water bill		
Phone expenses		
Cable TV/Internet expenses		
Groceries		
Meals		
Insurance (car or health)		
Car payment		
Credit card payment(s)		
Gasoline and vehicle maintenance		
Transportation fees		
Clothing		
Entertainment		
Other		
Other		
Other		
<b>Total Expenses</b>		