

## 40-Hour Training Financial Hardship Scholarship Application

Please tell (	us your plans after	training at A Safe Place:	Volunteer	or Intern
Name:	(Firet)			
	(First)	(Middle)		(Last)
Address:			······································	
Phone:				
	Home	Work		Cell
Email:				
1. Why did	you choose the fie	ld of domestic violence for	your volunteeris	m?
2. Please de Place.	escribe how your v	olunteerism will have a pos	itive impact on t	he clients of A Safe
3. Please ex	kplain your need fo	r financial assistance.		

The fee for 40-hour training is \$400. Please select the amount of scholarship you feel you
would <u>need</u> in order to volunteer with A Safe Place.

\$50 \$200 \$100

\$250

\$150

\$300

Other: \$				
Applicant Statement of Understanding				
to continue the volunteer process wi	ation does not guarantee a scholarship reward. If I choose th A Safe Place, it will be at my own cost. If a scholarship gree to commit the minimum number of volunteer hours			
Printed Name				
Signature	Date			
For Office Use Only:				
Date received:I	Interview completed:			
Scholarship granted				
Amount awarded: \$				
Scholarship denied				