



Mayor's Victim Assistance Advisory Council 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)
- 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 Susan Davis at (904) 255-3321 or Vaac@coj.net

Submit completed applications by 5:00p.m. March 07, 2025

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

Via email to: Attn: Survivor vaac@coj.net





Mayor's Victim Assistance Advisory Council Survivor Scholarship

VAAC Survivor Scholarship Application Form

| Applicant Information | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Name: | | |
| Street Address: | | |
| City/State/Zip: | | |
| Phone: Email | il: | _ |
| Applicant Information | | |
| School/College/University: | Student ID Number | |
| Mailing Address | | |
| City/State/Zip: | | · |
| Major/Course of Study: | | |
| Program or Degree: Certification Diploma | | |
| Classification/Program Year | Ç | |
| Anticipated Date of Graduation (Month/Year): | | |
| Application Checklist | | |
| Signed application form. A letter from a staff member/volunteer of a criminal just counselor/representative who can document your vict. A one-page personal statement describing "Why you. An acceptance letter or enrollment verification that incorperformance from a two or four-year accredited collect (technical or vocational school). | imization status and any accorshould be chosen to receive the cludes documentation of satisfage or university or recognized of | mplishments. nis scholarship. actory career school |
| My signature below certifies the information provided in this a information provided will be verified. | pplication packet is true. I am aw | are the |
| Applicant Signature | Date | |