



**Crime Victims United**  
**CHARITABLE FOUNDATION**

Advocating for Victims and Public Safety

**Catina Rose Memorial Education Grant**  
**ELIGIBILITY REQUIREMENTS**

The Catina Rose Memorial Education Grant was established 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 Education Grant applicants must comply with the following requirements:

- Applicant must be a victim or victim survivor of a crime; or an individual committed to changing his/her life.
- be pursuing higher education whether through community college, state college, university, vocational or trade school;
- be a High School graduate or currently graduating High School senior; or GED
- have participated actively in community service;
- be a California Resident;
- have no arrests or convictions;
- be a legal U.S. Citizen.

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

1. Completed and Signed legible Application
2. Official High School Transcript / GED
3. A Cover Letter

4. One Letter of Recommendation – must be specifically addressed to Crime Victims United Charitable Foundation from an unrelated law enforcement member, attorney, social worker, or District Attorney.

5. 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 (double spaced) addressing the following:

- A narrative about yourself, your family and background;
- Description of the crime that you are a victim of;
- How you have or are overcoming your tragedy;
- Educational/Career goals and aspirations;
- Financial situation and/or need.

**Selection is based on the following evenly weighted criteria:**

- Personal Statement, School and 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 Annual All American Rib Cookoff held in Auburn, CA in the month of September. (Recipients 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 sealed transcript.
- Application package must be postmarked no later than June 30.
- Send Application Packet to:

Crime Victims United Charitable Foundation  
130 Maple Street, Suite 300  
Auburn, CA 95603

CRIME VICTIMS UNITED  
CHARITABLE FOUNDATION  
CATINA ROSE MEMORIAL EDUCATION  
GRANT 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:**

<u>Service/Volunteer Work</u>	<u>Description of Service</u>	<u>From-Thru</u>	<u>Total Hours</u>

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

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).

Scholarship/Loan:

Amount:

_____	_____
_____	_____
_____	_____

**Student Profile**

What colleges, universities or educational opportunities are you considering?

\_\_\_\_\_  
\_\_\_\_\_

List major(s) and/or areas of study you are considering:

Major

Area of Interest

_____	_____
_____	_____

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? \_\_\_\_\_

Are you planning to work full/part time while going to school?  Yes  No

If yes, how many hours a week? \_\_\_\_\_

**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 (If under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name Printed