

The Catherine P. Schnittker Scholarship **OAR** *Educational Scholarship Grant*

Offender Aid and Restoration

1400 N. Uhle Street, Suite 704, Arlington, Virginia 22201
(703) 228-7030 • Fax (703) 228-3981

Purpose

OAR of Arlington County, Inc., maintains a scholarship fund to provide grant money to eligible individuals who are pursuing courses or training programs which will strengthen their employability and open career opportunities. The grants are intended to supplement the investment an individual makes in his or her future. The grant funds may be used to cover a portion of the individual's educational costs, and may be combined with other sources such as grants from an educational institution or scholarships from private sources.

Eligibility Requirements

You may be eligible for this scholarship if you are currently a client of OAR; a resident of Arlington County, the City of Alexandria or the City of Falls Church for the last six months; and an ex-offender. Eligible applicants will have been working consistently for a minimum of six months, will be living in permanent housing, meet the eligibility requirements of the institution offering the course of instruction, and be in compliance with probation and/or court-ordered conditions. Applicants must produce a statement of financial need, be at least 18 years of age or legally emancipated, and have no pending misdemeanor or felony charges in any jurisdiction.

OAR will not discriminate against an individual on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation or criminal conviction.

Submitting an Application

Please submit a completed application form along with two letters of reference as noted in the application, and proof of eligibility to enroll in the educational program. Please review the Applicant Checklist for additional required application materials. Applicants may be asked to participate in an interview with the scholarship review committee.

OAR

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Application for Scholarship Grant

Date of Application: _____

NAME: _____

SSN: _____ - _____ - _____

ADDRESS: _____

DOB: _____

PHONE #: (____) _____

(If you've not lived at this address for the last six months, please provide your previous address)**

CURRENT EMPLOYER: _____

PHONE: (____) _____

ADDRESS: _____

Current Position: _____

How long have you worked there? _____

Course/Institution you wish to attend: _____

When does course begin?

Address: _____

Have you ever been enrolled at this Institution? Yes No

Does this Institution have any requirements for admission? Yes No

If Yes, what are they? _____

Have you met these requirements? Yes No

What is the TOTAL cost of tuition, fees, books, etc.? \$ _____

How much of this are you able to pay yourself? \$ _____

How much are you asking the OAR Scholarship Fund to pay? \$ _____

What is/are your long-term educational/employment goal(s)?

How does this course relate to your employment goals(s)?

Please explain why you need financial assistance from OAR:

Describe your most recent participation in the OAR programs:

Have you ever received funding from the OAR Scholarship program previously? Yes No
(If so, please attach transcript or proof of successful completion)

Date of most recent criminal conviction: _____ **Offense** _____

Are you currently on probation or parole supervision? Yes No

If Yes, name of PO: _____ **Phone:** (____) _____

Do you have any pending charges or court dates in any jurisdiction? Yes No

PLEASE READ THE FOLLOWING AND SIGN YOUR FULL NAME BELOW:

I certify that all of the above information provided in this application is complete and true. I understand that I may be asked to submit additional information or documentation.

Signature: _____

Please attach the following to your 2-page application form:

_____ Letter of reference

_____ Second letter of reference
(must be from PO if you are currently on probation or parole)

_____ Letter from your current employer

_____ Written proof of full cost for:

- Tuition
- Lab Fees
- Required books/materials
- Required equipment
- Required transportation expenses, if applicable
- License or examination fees, if applicable

_____ Documentation of course or program offerings from the training or educational institution

_____ Applicant's statement regarding his or her recovery program, if applicable

_____ Proof of court payments, child support, or other court obligations

_____ Proof of continuous employment *(past 6 months)*

OAR Scholarship

FOR SELECTION COMMITTEE USE ONLY

Name of OAR Transition Advisor: _____

COMMENTS OF TA:

Selection Committee Notes:

Decision:

Date applicant notified of decision: _____