

# COUNSELOR, ADVOCATE AND SUPPORT STAFF SCHOLARSHIP PROGRAM

*A PROGRAM OF WISP, INC.*

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## ***Educational Assistance For Women and Men working in the Field of Domestic Violence***

DEADLINES	
Fall Quarter/Semester:	August 1
Winter Quarter/Spring Semester:	December 1
Spring Quarter:	March 1
Summer Quarter/Semester:	May 1

Please read the application instructions and information carefully before starting.

Please keep a copy for your reference.

This form may be printed and completed in ink or it may be completed on-line.

**DO NOT** submit this application by e-mail or fax. It will only be reviewed if signed and sent by regular mail to:

CASS Scholarship Program  
Women's Independence Scholarship Program, Inc.  
4900 Randall Parkway, Suite H  
Wilmington, NC 28403

# **Women's Independence Scholarship Program, Inc.**

## **Counselor, Advocate and Support Staff Scholarship Program (CASS)**

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The Counselor, Advocate and Support Staff Scholarship Program (CASS) is a project of the Women's Independence Scholarship Program, Inc. (WISP, Inc.) of North Carolina. A primary focus of WISP, Inc. is to continue, develop and enhance efforts to end domestic violence.

### **Purpose & Availability**

Education breaks down barriers and opens doors of opportunity. Recognizing that non-profit domestic violence service agencies have limited funds to assist their staff to develop professionally, the objective of CASS is to help workers in the field of domestic violence to develop and enhance their skills, which in turn will increase their effectiveness in serving their clients. In addition, this scholarship program is intended to assist such agencies' support staff in their professional development to the benefit of their business and administrative requirements.

This scholarship is for those individuals who show the greatest promise of achievement, have the support of their employers, demonstrate financial need and are dedicated and determined to succeed.

We view each scholarship as an investment in an individual's future, an investment in the future of our country, and a further step towards ending domestic violence.

Support is available for women and men in full or part-time study, attending community college, four-year degree or graduate degree programs. Limited support is available for graduate studies. Applications must be submitted by the specified deadlines.

### **Eligibility Requirements**

To be considered for CASS, a candidate must:

- Be employed by a domestic violence service agency (that has been designated as a 501(c)(3) organization) for at least one year with satisfactory work performance; and
- Said employer will provide commitment of support and recommendation of the candidate for this scholarship program, and verification of satisfactory work performance;
- Intend to continue in their employment with their current employer during their enrollment at least on a part-time basis;
- Be a citizen or permanent legal resident of the United States;
- Be officially accepted into an accredited course of study at a United States institution;
- Demonstrate financial need;
- Exhibit strong desire, ability and determination to complete the academic program;
- Have a definite plan to use the desired training to upgrade skills for career advancement and to work toward ending domestic violence in their community.

### **Application Form**

Please complete all parts of the application. Incomplete applications will not be reviewed.

The application must be typed or neatly written in black ink. Please adhere strictly to the guidelines of the application. Any materials submitted, other than those requested by this application, will not be considered. It is the applicant's responsibility to make sure that all required documents are submitted.

All information contained in this application will be considered confidential.

### **Candidate Employers**

Examples of eligible employers include: Domestic violence service agencies, transitional housing agencies, women's service agencies, etc. that have been designated as a 501(c)(3) organization. The candidate must obtain and submit with this application written support from their employer's Executive Director, a copy of the employer's detailed grievance procedure, and copy of the organization's 501(c)(3). Any candidate who is the Executive Director of their agency is to obtain the above items from their Board of Directors.

## Academic Programs

Programs that will be considered for support include:

- Social Work
- Human Services
- Criminal Justice
- Counseling
- Psychology
- Accounting
- Computer
- Non-profit management
- Business management

Seminars, conferences and non-degree/certificate programs will not be considered.

## Interview

A telephone interview of the candidate and the candidate's employer may be part of the application process at the discretion of the Review Committee.

## Deadlines

Application deadlines are as follows:

**August 1:** Fall Quarter/  
Semester

**December 1:** Winter Quarter/  
Spring Semester

**March 1:** Spring Quarter

**May 1:** Summer Quarter/  
Semester

## Awards

Scholarship awards are made for tuition, fees, required books and supplies. All awards are paid directly to the educational institution. Each award is determined independently based on each applicant's individual situation, and may not cover all school expenses. Awards will not exceed \$3,000 per academic year per student; a maximum of 60 recipients will be selected per academic term.

## Notification

Each candidate will be notified in writing of the Review Committee's decision. Please do not contact WISP, Inc. regarding the status of your application.

## Transcripts

While prior school transcripts are not required for this application, scholarship recipients must achieve and maintain a minimum 3.0 GPA to remain eligible for the program. Transcripts must be submitted at the end of each term/semester.

## Renewals

CASS awards are paid by semester/term. Renewal applications must be submitted by the deadline. Instructions for completion are included in the Renewal Application form, available at our website: [www.wispinc.org](http://www.wispinc.org).

## Notice of Nondiscrimination

Women's Independence Scholarship Program, Inc. (WISP, Inc.) and the Counselor, Advocate and Support Staff Scholarship Program (CASS) do not discriminate in selection policy, programs or activities on the bases of race, color, creed, disability, national/ethnic origin, age, religion, sexual orientation or disabled veteran/Vietnam era veteran status.

## Checklist

Please use the checklist below to be sure your application is complete.

- Application
- Narrative
- Employer's Statement
  - o 501(c)(3)
  - o Grievance Procedure
- References (2)
- Copy of Academic Plan
- Copy of invoice from school showing charges for the session you are planning to attend
- Copy of financial aid award letter (as soon as available)
- Copy of the first page of the Federal Income Tax returns filed for your family for the past two (2) years, along with copies of your W-2's or 1099's

*Counselor, Advocate and Support Staff Scholarship Program (CASS)*

**Application for Scholarship**

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**Biographical Information**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: Female Male Driver's License: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Referral Source (indicate how you learned of this scholarship): \_\_\_\_\_

\_\_\_\_\_

List everyone living in your home in addition to you:

<b>Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicant</b>

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Name \_\_\_\_\_

Have you been arrested within the past five years? Yes No  
If yes, please explain and give current status:

Are you a citizen or permanent legal resident of the United States? Yes No  
If permanent legal resident, please provide A#: \_\_\_\_\_  
If No, please explain the current status of your residency, type of visa and number:  
\_\_\_\_\_

## Employment

Current Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long employed: \_\_\_\_\_ Current Job Title: \_\_\_\_\_

Hours/Week: \_\_\_\_\_ Salary: Gross: \_\_\_\_\_ annually weekly hourly

Salary: Net: \_\_\_\_\_ annually weekly hourly

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Executive Director's Name: \_\_\_\_\_

Provide the names, locations and dates of employment for your last three previous employers:

Previous Employer	City, State	Dates of Employment
		___ / ___ to ___ / ___
		___ / ___ to ___ / ___
		___ / ___ to ___ / ___

Briefly describe your volunteering/community service work:



Name \_\_\_\_\_

Please list any student loans you currently owe:

Type	Amount Still Owed	Date Incurred	Deferred?

Is your spouse/daughter/son currently a college/university student?    Yes            No

If Yes, please provide:

Name of Student	Relationship to Applicant	Name of School	Major/Course of Study	Expected Completion Date

Are there any unusual circumstances that have had or are anticipated to have an impact on your financial situation? Please describe them in detail.

What is your request from the Counselor, Advocate and Support Staff Scholarship Program?

Upcoming Term/Semester
Total Requested: _____

**\*\* Please submit a copy of the first page of the Federal Income Tax return filed for your family for the past two (2) years, along with your W-2's or 1099's (The IRS can furnish a copy of the returns if your name was included on them).**

I understand that:

- WISP, Inc. reserves the right, at its discretion, to cancel or reduce any awards without liability.
- The support of my employer is integral to receipt of this award. I understand and agree that I must continue to perform satisfactorily in my job throughout my participation in this program.
- I hereby make application for scholarship aid, subject to the terms of this program and certify that the information in this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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## Checklist

*Items to be included with this scholarship submission:*

- Application
- Narrative
- Employer's Statement
  - 501(c)(3)
  - Grievance Procedure
- References (2)
- Copy of Academic Plan
- Copy of invoice from school showing charges for the session you are planning to attend
- Copy of financial aid award letter (as soon as available)
- Copy of the first page of the Federal Income Tax returns filed for your family for the past two (2) years, along with copies of your W-2's or 1099's

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*Counselor, Advocate and Support Staff Scholarship Program (CASS)*

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**Narrative**

Please attach a typed statement (two to five, double-spaced pages) responding to the following questions. Be sure your name is on each page. Spelling, grammar and neatness will be considered when your application is reviewed.

- Briefly describe why you have chosen to work for a non-profit domestic violence organization.
- Why have you chosen to continue your education, and how will it help to end domestic violence?
- How does this educational program relate to your current and/or future employment?
- How will your family (if applicable) support and encourage you while you attend school?
- What accomplishments (so far) make you the proudest?
- What do you see as your greatest strengths? What are your greatest weaknesses?
- Is there any other information you believe is important to the committee's understanding of why you should be considered as a scholarship recipient?

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*Counselor, Advocate and Support Staff Scholarship Program (CASS)*

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## References

Return this form to the scholarship program with your application packet.

Letters of recommendation should be included with this application or sent directly from each reference to the WISP Inc. office. Only one of these letters may be from a personal friend or family member. The person completing the Employer section may **not** also be a reference. Others you might consider are your supervisor (other than the Executive Director), a previous employer, the director of an organization you have volunteered for, a teacher or former teacher, or anyone who knows you well and can comment on your abilities, desire and determination to complete your training or education goals.

Candidate's Name \_\_\_\_\_

List here the people you have asked to provide reference letters.

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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*Counselor, Advocate and Support Staff Scholarship Program (CASS)*

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**Reference Form 1**

**To the Reference:**

The candidate named below is applying for a Counselor, Advocate and Support Staff Scholarship (CASS) for financial assistance to attend an educational program. The Review Committee will appreciate your answering the questions below either on this form or in an attached letter. Please be specific and candid. Your letter may be returned to the scholarship candidate or sent directly to WISP, Inc. and must be received no later than ten days after the candidate has submitted their application. Please be sure to sign your recommendation.

Please type or print.

Name of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

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How long have you known the candidate and in what capacity?

Please speak of the candidate's financial need, as well as academic potential, integrity, industry and motivation. Note any special qualities and/or unusual circumstances that may be relevant to the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

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*Counselor, Advocate and Support Staff Scholarship Program (CASS)*

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**Reference Form 2**

**To the Reference:**

The candidate named below is applying for a Counselor, Advocate and Support Staff Scholarship (CASS) for financial assistance to attend an educational program. The Review Committee will appreciate your answering the questions below either on this form or in an attached letter. Please be specific and candid. Your letter may be returned to the scholarship candidate or sent directly to WISP, Inc. and must be received no later than ten days after the candidate has submitted their application. Please be sure to sign your recommendation.

Please type or print.

Name of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

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How long have you known the candidate and in what capacity?

Please speak of the candidate's financial need, as well as academic potential, integrity, industry and motivation. Note any special qualities and/or unusual circumstances that may be relevant to the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

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*Counselor, Advocate and Support Staff Scholarship Program (CASS)*

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**Employer's Statement**

**Commitment of Support and Recommendation**

**To the Candidate:**

To qualify for scholarship consideration you must be employed for at least one year and have satisfactory work performance in the field of domestic violence by an agency (domestic violence victim service agency, transitional housing program, women's service agency, etc.) that has been designated as a 501(c)(3) organization. This Employer Statement, a copy of your employer organization's 501(c)(3) verification letter, your employer organization's grievance procedure, and signed "Authorization to Release Information" must be submitted with your application.

*If the applicant is an employee other than the Executive Director of this agency, then the Executive Director should complete the Employer's Statement. If the applicant is the Executive Director, then the Employer's Statement is to be completed by a member of the Board of Directors.*

Please type or print.

Name of Candidate: \_\_\_\_\_

Name of Employer Organization: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

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*Counselor, Advocate and Support Staff Scholarship Program (CASS)*

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Authorization for Release of Information

This is a confidentiality agreement that allows your employer, \_\_\_\_\_ *Agency Name* \_\_\_\_\_, to share essential information about you with a duly authorized representative of the Counselor, Advocate and Support Staff Scholarship Program (CASS). The purpose of this agreement is to assist in assessing your eligibility and suitability for scholarship, and the progress you have made toward meeting your educational goals. Any information shared will be given with discretion and respect.

I hereby give permission to any duly authorized representative of my employer named above to supply information requested by the Counselor, Advocate and Support Staff Scholarship Program staff pertaining to myself, my work performance or my family. I release my employer and the Counselor, Advocate and Support Staff Scholarship Program of any and all liability for sharing such information. This release shall be in effect until I state, in writing, that it is no longer valid.

Comments:

Signatures:

\_\_\_\_\_  
Signature of Program Candidate

\_\_\_\_\_  
Signature of Employer (Executive Director)

\_\_\_\_\_  
Name of Candidate (Print)

\_\_\_\_\_  
Name of Employer (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employer Organization

\_\_\_\_\_  
Date

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*Counselor, Advocate and Support Staff Scholarship Program (CASS)*

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**To the Employer:**

**Please print or type a response to the following questions, either on this form or in an attached letter. Sign and return it to the candidate along with a copy of your organization's 501(c)(3) verification letter, a copy of your organization's Grievance Procedure, and completed "Authorization for Release of Information."**

**Candidate's Name:** \_\_\_\_\_

Please provide a brief history and description of your organization:

Is this a tax-exempt organization?    Yes        No        (Attach a copy of the IRS 501(c)(3) letter.)

Does your organization offer an educational reimbursement benefit?    Yes        No  
*If Yes, please describe.*

*If Yes, is this candidate eligible to participate? If not, please explain.*

How long has the candidate worked for your organization? In what position(s)?

Is the candidate's work performance satisfactory?

How many hours per week will the candidate work during the upcoming school semester/term?

What is your understanding of the candidate's educational goals? How will these goals support efforts to end domestic violence?

Describe why you believe the candidate is deserving of a scholarship award. Speak to your knowledge of the applicant's motivation, capability and commitment to attending school.

How will you/your agency support this candidate in achieving her/his educational goals?

Advance planning is often the key to circumventing serious difficulties. Are you aware of any specific barriers that may challenge/hinder the candidate's ability to complete this program? If so, what steps have or will be taken to lessen their effect?

Do you recommend this candidate for participation in the *Counselor, Advocate and Support Staff Scholarship Program (CASS)*?      Yes      No

Comments:

Further, I have:

- ❖ Attached this agency's 501(c)(3) letter.
- ❖ Attached the organization's Grievance Procedure.
- ❖ Agreed to participate in evaluations conducted by the Counselor, Advocate and Support Staff Scholarship Program to determine the success of this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_