



Peyton Tuthill Foundation *Hearts for Hope* Homicide Survivors' Educational Scholarship Application

Note: Degree programs above a bachelor's degree are not eligible for this scholarship program. Also, this application must be filled out completely and accompanied by a grade transcript. A GPA of 2.5 is required. If a question is not applicable, write N/A in the space provided. Applicants must submit a one to two-page essay about the impact of crime on their life, how counseling has helped them in the grief process and why the scholarship is important to them. For eligibility, applicants must have completed one year of grief counseling through a counseling center, hospice, grief support group, faith-based program or other national recognized services, OR, currently receiving grief counselling.

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone : _____ Email _____

Date of Birth: _____ Currently employed? Yes No Do you intend on working while in school? Yes _____ No _____ Undecided _____

Are you in school now (if answer is yes, name of institution) YES NO

Have you ever been arrested, charged or convicted of a crime YES NO If yes, when? _____

What offense? _____ State & County _____

How did you learn of the Peyton Tuthill foundation Scholarship program _____

Information about the Deceased Victim and Crime (For Verification Purposes)

Name of deceased victim _____	Date of death of victim _____
Where did crime occur _____	Name of investigating agency _____

Was the case prosecuted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What was your age at the time of the crime? _____
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What is your relationship to the deceased victim?
 Surviving Sibling _____ Surviving Minor Child _____ Surviving Child Over 18 years of Age _____
 Surviving Wife/Husband with One or More Children _____ (If so, how many children? _____)

The deceased was a victim of: Murder _____ Manslaughter _____ Other _____

Have you or your family received any insurance settlements or civil awards because of the crime?
 YES NO
 If yes, explain _____

Previous Education

High School: _____ Dates attended: _____ to _____ Graduate? Yes _____ No _____
Vocational School: _____ Dates attended: _____ to _____ Graduate? Yes _____ No _____
General Equivalency Diploma (GED): _____ Dates attended: _____ to _____ Graduate? Yes _____ No _____

Personal Commentary- Required

Please on a separate paper (NO MORE THAN TWO PAGES) explain your immediate plans, potential obstacles and tell us how this scholarship will assist you. Address the following issues as well as any others which are important to you.

1. Explain how the crime has impacted your life and what the benefits you feel your experiences combined with education are or will be to your future?
2. What is your educational goal and how will this scholarship help you?

Grief Counseling Verification

Please confirm that you have completed one year of grief counseling or are currently receiving counseling through a counseling center, hospice, grief support group, faith-based program **OR** other nationally recognized service as explained in the eligibility requirements.

Counseling Period: From _____ To _____

Name of Service: _____ Address: _____

City _____ State: _____ Zip _____

Phone: _____ **Note:** A confirmation on the counselor's letterhead if possible, should be provided with the application to confirm grief counseling was received.

Email: _____

References

1. Victim Advocate

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Phone: _____ Work: _____ Cell: _____

E-MAIL: _____

2. Grief Program Counselor

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Phone: _____ Work: _____ Cell: _____

E-MAIL: _____

3. Personal

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Phone: _____ Work: _____ Cell: _____

E-MAIL: _____

Signature: _____ Date: _____

Current Grade Transcript

If you are currently enrolled in college or vocational school, or are a previous student re-entering school, please include a copy of your current or most recent grade transcript. Do not send high school transcripts.

Application Deadline – June 1

The application cycle for this scholarship program runs from Jan 1 through June 1 of each year. Application must be received by June 1, with transcripts (if applicable) to be considered for the current application cycle. Application may be emailed to info@peytontuthillfoundation.org or sent by USPS, postmarked by June 1st.

If you have questions about the Peyton Tuthill Foundation Survivor Scholarship or the application process please email the Foundation at info@peytontuthillfoundation.org.

Your submission of this application conveys your permission and understanding that the information provided will be verified. I hereby authorize the Peyton Tuthill Foundation to contact my references and confirm that I have received grief counseling as required by the scholarship eligibility criteria.

Print Name: _____ Date: _____

Send electronically, email OR Mail to
Peyton Tuthill Foundation
P.O. Box 3144, Tallahassee, Florida, 32315
info@peytontuthillfoundation.org