

Kurt Schultz Scholarship Fund Application



Thank you for considering a Victories program. To be considered for a scholarship, this form must be completed and returned to the Victories office via mail, fax, or email. Questions can be addressed to 312.604.5013 or admin@victoriesformen.org.

Name: _____ Date: _____

Phone: _____ Email: _____

Mailing Address: _____

What is your birth date: ____ / ____ / ____.
month date year

Who referred you to Victories? Please provide first and last name (if applicable): _____
Is this person your therapist? ____yes ____no

Victories Program You Wish to Attend:

- BreakThrough Weekend, Dates: _____
- Wisdom Years Weekend, Dates: _____
- Shadow Weekend, Dates: _____
- Couples Weekend, Dates: _____
- Personal Growth Group, Weekend Affiliation Dates: _____
- Training, Dates: _____
- Other: _____

Please answer the following questions to help us more fully understand your financial need and interest in the Victories program(s) for which you are applying.

1. Please describe the amount that you can contribute to your program fee (standard cost is \$790):

- The maximum total amount that I'm able to pay towards the cost of the program is \$ ____.

Please indicate how you would like to pay this amount:

\$ ____ I can pay this total amount now.

\$ ____ I would like to pay this amount in installments.

____ I am able to pay a nonrefundable deposit amount of \$ ____ . (\$50 minimum deposit accepted)

____ I need monthly installments of \$ ____ over ____ months. (The minimum monthly installment payment is \$15/month; 18 months is the maximum installment plan.)

2. If you're applying for a scholarship for a BreakThrough or Wisdom Years Weekend, we strongly recommend that you get the most from your experience by joining others from your weekend in the Personal Growth Group that follows it. The standard fee for participation is \$150 to cover facilitation costs. For more information, please visit http://www.victoriesformen.org/Groups/Personal_Growth_Group_Registration.

- I plan to participate in the Personal Growth Group. I will also need assistance with this fee, but I am willing to pay \$ ____ (\$25 minimum; most scholarships are for 50% off).
- I plan to participate in the Personal Growth Group, and I can afford to pay the entire \$150.

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3. Please answer the following questions (use a separate sheet of paper if necessary):

Why do you want to participate in this Victories program? What do you hope to learn from this experience?

Please describe your current financial situation and why you are requesting scholarship assistance.

Victories is a non-profit organization with limited funds for scholarships. Our revenue from program fees does not cover our costs. This difference is made up through generous donations from our alumni community. Should your financial circumstances improve, would you be willing to consider helping other men by making a future contribution to the scholarship fund?

_____ Yes, I would consider making a future contribution if my financial circumstances improve.

If any scholarship funds are awarded, I agree to write a brief summary of my experience (1-2 pages) and allow Victories to use the written summary for marketing and alumni communication purposes. Summary submission can be anonymous. Submission should be emailed to admin@victoriesformen.org within 30 days of completion of the program for which scholarship funds were received.

_____ Yes, I am willing.

Our mission is to give many more men the opportunity to experience the benefits of our programs. Would you be willing to help Victories accomplish this by committing to recruiting at least 1 man into a weekend or other program this calendar year?

_____ Yes, I am willing.

Applicant Signature

Date

Applicant Printed Name

Please note: All of the information provided on this scholarship application is confidential and only reviewed by the Victories Administrative staff. Weekend Leaders and Staff are not aware of which participants are on scholarship.

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