## Compassion Scholarship Application for University or College

## Requirements:

- Resident of the United States.
- Either attending or planning on attending a college or university.
- An immediate family member of a murdered victim: (parent, grandparent, child, grandchild, sibling)

Name I	Date of Birth
AddressCity	State Zip
Telephone number	
Name of college or university:	
Address	
CityState_	Zip
When will you be attending	
Name of murdered victim	
Date of Incident Da	ate of Death
Location: City St	rate
Relationship of victim to applicant: (parent, gra	ndparent, child, grandchild, sibling)
Enclose a copy of an article relating to the death	of this family member.
Please submit an essay of 400 words or less on h your heart.	now this loss affected you. We encourage you to speak from
Mail application, copy of article and essay to:	
Scholarship Applications Compassion P.O. Box 623 Perrysburg, OH 43552	

Please note: Verification of information will be performed on all applications.