

**MELANIE ILENE RIEGER MEMORIAL CONFERENCE  
SCHOLARSHIP APPLICATION FORM**

**SCHOLARSHIP AMOUNT:**

The scholarship will pay the current registration fee(\$50) for the Melanie Ilene Rieger Memorial Conference.

**APPLICANT CRITERIA:**

\*You must be a victim of crime and provide information regarding your victimization(nature of crime, city/state, year, etc.)

\*You must have, at least, one(1) year of volunteer/advocacy service to other victims

\*You must be able to demonstrate financial need

**APPLICATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

NAME OF CRIME VICTIM/RELATION: \_\_\_\_\_

TYPE OF CRIME(Murder, Rape, Domestic Violence, etc.): \_\_\_\_\_

DATE OF CRIME/CITY/STATE: \_\_\_\_\_

BRIEF DESCRIPTION OF CRIME: \_\_\_\_\_

WHAT ORGANIZATION/AGENCY ARE YOU A MEMBER? \_\_\_\_\_

BRIEFLY DESCRIBE YOUR VOLUNTEER/ADVOCACY WORK: \_\_\_\_\_

**SCHOLARSHIP CONCURRENCE:**

I certify that (1) the information provided in this application is accurate, (2) I have, at least, one year of advocacy/volunteer experience within my organization, and (3) I am financially unable to provide the required registration fee for this conference.

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

\_\_\_\_\_  
Date

Please mail the application(must be signed and dated) to:

**The Melanie Ilene Rieger Memorial Foundation**

**P.O. Box 368**

**Watertown, CT 06795**