



## Making a Difference Conference **Scholarship Application**

**Applications must be received by May 31, 2004. The contact person for each selected participant-community will be notified by June 30, 2004**

### To apply for the U.S. Conference (October 26-29 in San Diego, California):

To obtain more information for the U.S. conference, go to [www.evawinc.com/makingadifference](http://www.evawinc.com/makingadifference). Please mail your completed application to: **EVAW, Inc. PO Box 33, Addy, WA 99101-0033** or fax to **(509) 684-9800**. If you choose to fax your application, please follow up by mail to ensure that it has been received.

Please call **(509) 684-9801** if you have questions or need assistance with the application.

### To apply for the Canadian Conference (October 12-15, 2004 in Ottawa, Canada):

To obtain more information for the Canadian Conference go to [www.napasa.org](http://www.napasa.org), Making a Difference. Please mail your completed application to: **The Making a Difference Conference, c/o Professor Chris Alksnis, Contemporary Studies, Wilfrid Laurier University, 73 George St., Brantford, Ontario, N3T 2X3** or fax to **(519) 759-2127**. If you choose to fax your application, please follow up by mail to ensure that it has been received.

If you have questions or need assistance please phone **(519) 756-8228, Ext. 5738** or e-mail ([calksnis@napasa.org](mailto:calksnis@napasa.org)).

### Participant-Community Contact Information

Name of Participant-Community:

Name of Contact Person:

Institution Affiliation:

Full Mailing Address:



Phone / Fax:

E-mail Address:

### Proposed Participants

#### Participant #1

Name (First, MI, Last):

Institution Affiliation/Title:

Full Mailing Address:



Phone / Fax:

E-mail Address:

I wish to apply for a full scholarship to attend the Making a Difference Conference as a member of the proposed team.

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

**Participant #2**

**Name (First, MI, Last):**

**Institution Affiliation/Title:**

**Full Mailing Address:**

**Phone / Fax:**

**E-mail Address:**

I wish to apply for a full scholarship to attend the Making a Difference Conference as a member of the proposed team.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant #3**

**Name (First, MI, Last):**

**Institution Affiliation/Title:**

**Full Mailing Address:**

**Phone / Fax:**

**E-mail Address:**

I wish to apply for a full scholarship to attend the Making a Difference Conference as a member of the proposed team.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant #4**

**Name (First, MI, Last):**

**Institution Affiliation/Title:**

**Full Mailing Address:**

**Phone / Fax:**

**E-mail Address:**

I wish to apply for a full scholarship to attend the Making a Difference Conference as a member of the proposed team.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant #5**

**Name (First, MI, Last):**

**Institution Affiliation/Title:**

**Full Mailing Address:**

**Phone / Fax:**

**E-mail Address:**

I wish to apply for a full scholarship to attend the Making a Difference Conference as a member of the proposed team.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant #6**

**Name (First, MI, Last):**

**Institution Affiliation/Title:**

**Full Mailing Address:**

**Phone / Fax:**

**E-mail Address:**

I wish to apply for a full scholarship to attend the Making a Difference Conference as a member of the proposed team.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant #7**

**Name (First, MI, Last):**

**Institution Affiliation/Title:**

**Full Mailing Address:**

**Phone / Fax:**

**E-mail Address:**

I wish to apply for a full scholarship to attend the Making a Difference Conference as a member of the proposed team.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant #8**

Name (First, MI, Last):

Institution Affiliation/Title:

Full Mailing Address:

Phone / Fax:

E-mail Address:

I wish to apply for a full scholarship to attend the Making a Difference Conference as a member of the proposed team.

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

### Community Scholarship Application Questions

Please complete the following questions. Print or type your responses on a separate sheet of paper. Please limit your responses to a combined total of 3-5 pages. No additional attachments are allowed. Each section will be scored separately.

1. Does your community have a formal Sexual Assault Response Team that is comprised of different agencies/organizations working together in a formalized and coordinated way to deal with sexual assault/abuse incidents? If not, what informal arrangements are in place? **(1-5 Points)**
  
2. Describe each agency involved in your community response team, such as: **(1-10 Points)**
  1. A Sexual Assault Forensic Examiner Program.
  2. A dedicated Sex Crimes Unit in law enforcement.
  3. A dedicated sexual assault prosecutor (s) in the prosecuting attorney's office.
  4. A victim crisis intervention and advocacy service.
  
3. How long have these individual services been available? **(1-5 Points)**
  
4. In what ways have you worked collaboratively in the past? Please indicate how long the network of organizations/agencies has been working together, as well as key accomplishments that the network has achieved. **(1-10 Points)**
  
5. Does each agency collect (or have the demonstrated capacity to collect) basic descriptive statistics about the number of cases handled by each agency/organization, the referrals from one component of the network to another, and the cases' eventual legal outcome? **(1-5 Points)**
  
6. Does each agency collect (or have the demonstrated capacity to collect) basic descriptive statistics about the number of cases handled and their disposition? **(1-5 Points)**
  
7. Why does this conference and "challenging the legal process" seem appropriate for your community? **(1-10 Points)**
  
8. Are there any special considerations or circumstances supporting your qualifications as a community? **(1-10 Points)**