

VSOTA 2026 Scholarship Application

Applicant Information

Full Name:

Mailing Address:

Phone Number:

Email Address:

Current Employer (if applicable):

Position/Title:

Are you a current general member of VSOTA? Yes___ No___

Are you an immediate family member of a current general member of VSOTA? Yes___ No___

Please explain:

Academic Information

Current Academic Institution:

Degree Program (Associate's, Bachelor's, Master's, etc.):

Major/Field of Study:

Expected Graduation Date:

Current GPA:

Required Documents Checklist

- Completed Application Form
- Resume
- Transcript or Proof of Enrollment
- One Professional recommendation letter from a supervisor, colleague, or college instructor

Short Essay Questions

1. Describe your career goals and how they relate to working with sexual offender populations.

2. Explain any relevant experience you have working with sexual offender populations.

3. Describe how this scholarship will support your academic and professional aspirations.

Applicant Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____