

The Roy Williams Foundation

Application for Educational Funding

Date: _____

Name of Applicant: _____

Contact Information: _____

Mailing Address: _____

Phone Number: _____ Years at this address: _____

Occupation: _____

Are you a U.S. Service member, Veteran or a civilian? _____

Branch/Unit _____

If yes, what are your dates of service and theater _____

Did you experience combat? _____

May we review your service record Y or N? _____

Are you now, or have you ever been a member of a First Responder Organization? _____

If yes, what is the Name and location of the Organization? _____

Volunteer or Professional? _____

Have you ever experienced Post Traumatic Stress Disorder? _____

Have you ever been institutionalized for psychiatric reasons? _____

If so, where, what for and for how long?

Have you been diagnosed as having a specific psychiatric condition that may interfere with your ability to help PTSD sufferers deal with their problems? _____

Have you ever been convicted of a felony and/or incarcerated? _____

If yes, please elaborate _____

Are you willing to be interviewed by a member of our Staff? _____

Do you know anybody associated with the RWF? _____ If so, who, how and for how long? _____

How did you become aware of The Roy Williams Foundation?

Please summarize the reasons that you would like to assist the RWF with its mission. Add additional pages if necessary:

Upon successful completion of Crisis Intervention, or similar training, would you be willing to be a local resource for law enforcement and first responder referrals to help victims of PTSD to deal with their symptoms? _____

Please list three personal reference contacts with their contact information, please include how long you have known them and in what capacity, (i.e. personal, professional or family).

Reference number 1:

Reference number 2:

Reference number 3

What type of training are you interested in receiving? _____

Do you need help finding educational opportunities in your area? _____

What learning institution are you considering? _____

Contact information for learning institution?

Tuition cost for class? _____ Duration of class? _____

Upon Graduation of class, would you like the RWF to help you connect with Veterans Groups or Law Enforcement agencies in the area to facilitate your involvement with people who need your help? _____

Additional Information or concerns:

If you are selected by our program to receive educational funding, you must adhere to strict confidentiality requirements regarding any clients. Will you agree to this? _____

Below is for office use only:

Interviewed by _____ References checked? _____

Concerns? _____

Reviewed By _____ Approved By _____