



**Ramsey County Community Corrections**  
**Volunteers in Corrections**  
Metro Square  
Attention: Sharon Kolbeck  
121 7<sup>th</sup> Place East Suite 1210  
St. Paul Minnesota 55101  
Telephone: 651-266-2624  
Email: sharon.kolbeck@co.ramsey.mn.us

## Scholarship Program Information and Application

The Volunteers In Corrections Advisory Board will provide educational scholarship funds for qualified applicants who are current or former clients of the Ramsey County Community Corrections Department.

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**Funding** Up to \$1,500.00 per quarter/semester for a maximum of three (3) quarter/semesters.

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**Use of Funds** Funds will be paid directly to the school to cover the costs of:

- Tuition
- Books
- Fees (e.g. technology, lab fees)

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**First Scholarship Requirements** *In order to receive the first of three potential scholarships, applicants must:*

- Be a current or former client (within the last five (5) years) of the Ramsey County Community Corrections
- Be accepted into a school prior to submitting an application
- Complete the Scholarship Application (attached)
- Provide a letter of recommendation from the primary Probation/Parole Officer or Case Worker/Manager
- Provide a letter of recommendation from a teacher, school counselor, clergy person, or person familiar with your history
- Attach to your application proof of acceptance or attendance, such as a bill/invoice, class schedule and/or transcripts
- Interview with the Scholarship Committee

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**Second and Third Scholarship Requirements** *Applicants may reapply for additional funds for future quarters/semesters. Scholarships will only be awarded a maximum of three (3) times. To qualify, applicants must:*

- Maintain a 2.0 or higher grade point average (GPA)
- Have an 80% or higher attendance rate
- Have no further difficulty with the law, including probation violations
- Complete Section 1 (Applicant Information) of the Scholarship Application (attached). If there have been changes in schools, applicants must complete Section 2 (Educational Background) as well.
- Provide previous quarter/semester grades or transcripts.

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**Selection** The Volunteers in Corrections Advisory Board Scholarship Committee will determine eligibility of an applicant and select scholarship recipients. As noted earlier, scholarship applicants must meet the requirements and provide the proper paperwork. Payments will be made directly to the school.

Scholarship applicants will be notified via US Mail and/or via telephone within one week if they have been selected to receive a scholarship.

*By accepting a scholarship, the applicant agrees to be contacted by a representative of the Volunteers in*



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## Scholarship Program Application

*Corrections Scholarship Committee to provide information on how the scholarship benefited him/her.*

**Date** \_\_\_\_\_  Adult Services (Probation/Parole)  Correctional Facility

<b>Applicant Information</b>	Last	First	Middle
	Street		Apartment
	City	State	Zip Code
	Email address		Phone Number
			Other Number

*Please list schools attended, including high school, trade/business school, and college.*

	Name and Addresses of School	Dates Attended	Received Diploma
<b>Educational Background</b>			

*Please list your employers starting with the most recent.*

	Name and Addresses of Employer	Job Title	Dates Employed
<b>Employment Information</b>			

<b>Future or Current School or Education Program</b>	Name of School	<i>Have you been accepted into this school or program? Please check:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address			
	City	State	Zip Code	
	Program/Course of Study	\$ Tuition	\$ Books	\$ Fees/Other



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**Scholarship Program  
Application**

Are you receiving or have you applied for any other financial assistance for your education? Please check:  Yes  No (if yes, please indicate amount) \$ \_\_\_\_\_  
 Aid Amount

Please tell the Scholarship Committee a little about yourself, such as why you chose this school or program and what you plan to do after graduation.

Personal Statement

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Signature

***I declare the information on this application is, to the best of my knowledge, true, correct, and complete. By signing this application, I authorize Ramsey County Volunteers in Corrections to obtain information as needed to verify the data provided.***

\_\_\_\_\_  
**Applicant's Printed Name                      Applicant's Signature                      Date**

Please return completed application to:

**VinC USE ONLY**

Ramsey County Community Corrections



Volunteers in Corrections

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## Scholarship Program Application

Received: \_\_/\_\_/\_\_

Referred to: \_\_\_\_\_

Disposition: \_\_\_\_\_

***If you have any questions, please ask your Probation Officer, Case Worker, or contact  
Volunteers in Corrections at 651-266-2694***