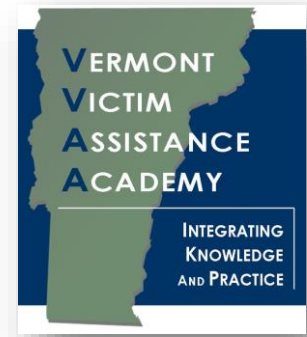


# 2018—2019 • VERMONT VICTIM ASSISTANCE ACADEMY



## SUPPORT FOR LEARNING LETTER

With the application to the Vermont Victim Assistance Academy, we request that participants identify a “learning support person” – or someone who is invested in and supportive of the participant’s learning. If the participant is applying as a staff person at an agency or organization, this letter should be signed by the applicant’s supervisor. Otherwise, the signer can be a professor, family member or community member. If you are willing and able to act as a participant’s learning support person and can agree to the statement below, please complete and sign the *Support for Learning Letter* herein.

I, \_\_\_\_\_ (your name), support the applicant,  
\_\_\_\_\_ (name of VVAA applicant), in attending the 2018-  
2019 Vermont Victim Assistance Academy. In supporting the participation of this applicant in the VVAA educational program, I agree to consider any suggestions or ideas that result from participation in the VVAA which may contribute to more trauma-informed and responsive policies and practices, in order to better meet the needs of victims and survivors in Vermont.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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



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