

The Corporation for Ohio Appalachian Development David V. Stivison Appalachian Community Action Scholarship Fund

Please see the attachment in the mailed application packet or refer to our website and write down the name and address of your local community action agency:

C.A.C. of Belmont County	\rightarrow	This is where you will be sending your
1531/2 West Main St.		completed application materials.
St. Clairsville, OH 43950		SENDING APPLICATIONS DIRECTLY TO COAD WILL DELAY PROCESSING.

Applicant Checklist		
O	an application for consideration for a David V. Stivison Appalachian Community larship, please make sure you have included the following:	
	Application for Financial Assistance (2 pages)	
	Household Income Statement and Verification Form (1 page)	
	Income documentation (ie. tax returns or paycheck stubs, etc.)	
, ' <u></u>	Counselor/Principal Evaluation Form (1 page)	
	High School Transcript	
	Proof of acceptance by an accredited 2-year or 4-year institution of higher education.	

PLEASE NOTE THAT OMISSION OF ANY OF THESE DOCUMENTS COULD PREVENT YOU FROM BEING CONSIDERED FOR SCHOLARSHIP ASSISTANCE.

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APPLICATION INFORMATION AND PROCEDURES

Mission Statement:

The mission of the Corporation for Ohio Appalachian Development (COAD) David V. Stivison Appalachian Community Action Scholarship Fund is to provide financial assistance to students who:

- Are residents of COAD's service area 1.
- 2. Want to attend institutions of higher education
- 3. Lack the required resources to do so

Purposes:

- To enable students to attend an accredited institution of higher education by awarding scholarship assistance.
- To increase participation rates of COAD service area students who attend institutions of higher education.
- To provide, when possible and desired, summer employment opportunities to selected scholarship recipients in cooperation with COAD-member Community Action Agencies.

Eligibility Criteria:

To be eligible, an applicant must meet all of the following criteria:

- 1. Be a resident of the 30-county COAD service area for at least one year before the application deadline.
- Reside in a household with a total annual income at or below 200% of the federal poverty guidelines. 2.
- 3. Have obtained or will obtain a high school degree or GED.
- 4. Show proof of acceptance by an accredited 2-year or 4-year institution of higher education.

Application Procedures:

Eligible applicants will be required to submit a completed application form provided by COAD according to the instructions given. Applications will be solicited from area high schools and vocational schools in the 30-county service area. Non-traditional students may apply directly to local Community Action Agencies.

Applications must be submitted to the appropriate COAD-member Community Action Agency that serves the county where the applicant resides. A directory of participating Community Action Agencies and the thirty counties they serve can be found on COAD's website.

The completed application must be submitted (postmarked) to the appropriate Community Action Agency by May 1 to be considered for funding for the academic year beginning in the Fall term of that year.

Each COAD-member Community Action Agency will determine whether eligibility criteria have been met, screen applicants and recommend applicants for consideration by COAD. COAD will review the applications submitted from member Community Action Agencies based on need, character, inclination, grades, and other factors it deems appropriate, except that it will not consider race, creed, color, age, sex, political affiliation, national origin, familial status or disability in making decisions.

Preference will be given to first year students who plan to attend either a 2-year or 4-year institution of higher education within the 30county COAD service area, unless the field of study chosen by the applicant is not offered by any of these institutions. The awards will be final and will be announced by May 20th.

Further Information:

For additional information about the Corporation for Ohio Appalachian Development David V. Stivison Appalachian Community Action Scholarship Fund, please contact:

> Operations Director/Scholarships Administrator Corporation for Ohio Appalachian Development P.O. Box 787 Athens, Ohio 45701-0787 E-mail: scholarships@coadinc.org

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APPLICATION FOR FINANCIAL ASSISTANCE

Students: We consider it your responsibility to see that this information is complete in every detail and is submitted (postmarked) by May 1 to the appropriate Community Action Agency in your area.

You must submit the following material:

- 1. Household Income Statement and Verification Form: Please complete and submit the financial information statement attached. This form must be signed by your parent or legal guardian. Non-traditional students must complete and sign this form.
- 2. Application Form: Please note the application must be signed by you and your parent/legal guardian (unless you are a non-traditional student).
- 3. Counselor/Principal Evaluation Form: Remind your counselor that a transcript must accompany this application.

REMEMBER All information must be submitted (postmarked) to the appropriate local Community Action Agency by May 1 to be considered.

Please type or print

	General	intormation:		
Full Name: Last	First		Middle Initial	Gender: (optional) Male or Female
Address:Number & Street/Route	/Box # City		Ohio Zip Code	Area Code and Telephone #
County of Residence:		Email address:		
Date of Birth:	Marital Status:		SSN (last four digi	ts) : <u>xx-xxx-</u>
High School Attended:			Graduation Date:	
Parent or Guardian's Full Name:	Last	First		Middle Initial
Name and Address of College or Univ	versity you plan to attend: _			
Planned major field of study:			MANINETTY	
	List jobs (including summ	er employment) y	you have held:	
Job Title	Employe	r	Employment Da	tes Hrs. Per Week
			To	
			To	
Walter To a second seco			То	
List Activities/Organizatio	ns in which you have part	ticipated during I	ligh School (School,	Church and Civic):

<u>APPLICATION FOR FINANCIAL ASSISTANCE</u> – Page 2

List any honors or awards you received during high school:			
List all other financial assistance you have recei Type/Name of Assistance	ived or for which you Date Applied	have applied for the next a Date Awarded	cademic year: Amount
Please explain any special circumstances the Sc	holarship Selection C	Committee should take into o	consideration:
Briefly explain your reasons for seeking a co	ollege education and	the goals you have set for yo	our future:
confirm the information on this application is accurate and omplete to the best of my knowledge. I understand that accomplete documentation or failure to submit all required orms listed in the instructions will disqualify the applicant.	Applicant Stivison A verify that	plicant's parent or guardian, I has my permission to apply f appalachian Community Action the financial and academic in and complete to the best of my	or the COAD David Von Scholarship. I also iformation provided is
Applicant's Signature Date		Parent/Guardian's Signature	Date

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COUNSELOR/PRINCIPAL EVALUATION FORM (To be completed by school personnel)

Student's Full Name:				
This information should reflect the	student's status at the conclusion of	of the most recent grading period	of the senior year:	
Grade Point Average	of a possible points	Rank in class	name value	
ACT composite score	or SAT	scores		
The following i	nformation should reflect your per	sonal observation of the student:		
Please rate this student as to his/her ov	verall effort exhibited during the scho	ool year:		
Outstanding	Above Average	Average		
Please rate this student as to his/her in	clination to succeed in post secondar	y education:		
Outstanding	Above Average	Average	÷	
Please rate this student as to his/her ch	aracter:			
Outstanding	Above Average	Average	;	
Based on your knowledge of this student, please indicate your perception of his/her need for financial assistance:				
Definite Need	Possible Need	Questionable Need	d	
	I take into consideration (you may	use additional paper if necessary	r):	
	BER TO ATTACH A TRANSCR			
Printed Name of Counselor/Prin	ncipal	Title	Date	

School District and/or County

Signature of Counselor/Principal

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HOUSEHOLD INCOME STATEMENT AND VERIFICATION FORM

<u>Instructions:</u> This form is to be completed by the applicant's parent or legal guardian unless the applicant is a non-traditional student, in which case the form is to be completed by the applicant. In either case, this form must be completed and submitted with the other application information.

To be eligible for this scholarship, the applicant must reside in a household with a total annual income at or below 200% of the current

Full Name:	Traditional Stude	nt (High school senior)	or Non-Traditio	nal Student
Parentor Guardian's (check one)	Full Name (if traditional student):			
	Gross Household Incon	ne Information:		
that calendar year. All sources of	the household during the last calendar income must be documented and copic amples of acceptable documentation i	es of the documentation	on must be attached to	this form and
Full Name	Birth Date Se	ource of Income	# of Mos. Recd	12 Month Total
		111	100000000000000000000000000000000000000	
			Lillian Lillia	
	TOTAL	ANNUAL HOUSE	HOLD INCOME =	
income received by all persons res	chold income shown above is completed in the household, including, but State Unemployment benefits, Worker ps.	not limited to Social	Security benefits, Vet	erans benefits,
	ns of documentation submitted on and and State laws for making any knowi			te and I realize tha
Signature of Parent, Guardia	n or Non-Traditional Student	Date		

United States Department of Health and Human Services 2024 Federal Poverty Guidelines for Ohio

GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES *

# of persons in the household	200% of Poverty (Scholarship Guidelines)
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each additional person adds	\$10,760

^{* &}quot;Gross Annual Household Income" means all money received by all persons living in the household, including Social Security benefits, Veterans benefits, Alimony, Child Support, Interest income, Unemployment benefits, Workers Compensation benefits, Strike benefits, Cash Public Assistance benefits, Wages and tips.

COAD Member Agencies

Kno-Ho-Co Ashland C.A.C.

120 N 4th St, Coshocton, Ohio 43812 Counties: Knox, Holmes, Coshocton, Ashland

HARCATUS Tri-County C.A.O.

821 Anola Ave. Suite A Dover, Ohio 44622 Counties: Harrison, Carroll, Tuscarawas

C.A.A. of Columbiana County

7880 Lincole Place, Lisbon, Ohio 44432 County: Columbiana

Jefferson County C.A.C.

114 North 4th Street Steubenville, Ohio 43952 County: Jefferson

Muskingum E.O.A.G.

828 Lee St, Zanesville, Ohio 43701 *County: Muskingum*

G.M.N. Tri-County C.A.C.

615 North Street, Caldwell, Ohio 43724 Counties: Guernsey, Monroe, Noble

C.A.C. of Belmont County

153 1/2 West Main Street St Clairsville, Ohio 43950 County: Belmont

Hocking-Athens-Perry Community Action

3 Cardaras Drive P.O. Box 220 Glouster, Ohio 45732 Counties: Hocking, Athens, Perry

Ross County C.A.C.

250 Woodbridge Avenue Chillicothe, Ohio 45601 County: Ross

Highland County C.A.O.

1487 N High Street, Suite 500 Hillsboro, Ohio 45133-8496 County: Highland

C.A.C. of Pike County

941 Market St, Piketon Ohio, 45661 *County: Pike*

Jackson-Vinton C.A.A.

118 S. New York Avenue Wellston, Ohio 45692 Counties: Jackson, Vinton

Gallia-Meigs C.A.A.

8317 SR 7 N Cheshire, Ohio, 45620 Counties: Gallia, Meigs

Adams-Brown Counties Economic Opportunities

406 W. Plum Street Georgetown, Ohio 45121 Counties: Adams, Brown

C.A.O. of Scioto County

433 3rd St, Portsmouth, Ohio 45662 County: Scioto

Ironton-Lawrence County Area C.A.O.

120 N Third Street Ironton, Ohio 45638 County: Lawrence

C.A.P.C. of Washington-Morgan Counties

218 Putnam Street, Marietta, Ohio 45750 Counties: Washington, Morgan