

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

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:

1. Are residents of COAD's service area
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.
2. Reside in a household with a total annual income at or below 200% of the federal poverty guidelines.
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 here: <http://www.coadinc.org/member-agencies>.

The completed application must be submitted (postmarked) to the appropriate Community Action Agency by April 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's Scholarship Selection Committee. The Scholarship Selection Committee will review the applications submitted from member Community Action Agencies and select the scholarship recipients 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 such selections.

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 30-county 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 1. Applicants selected will be invited to attend COAD's annual banquet in August to be formally introduced and recognized. Any costs associated with attending this banquet will be paid by COAD. Attendance at the banquet is not required.

Summer Employment:

Depending on the availability of funding and the interests of the selected applicants, participating Community Action Agencies will offer the opportunity of summer employment to scholarship recipients. The terms of employment and the work assignments will be based on the student's career interests and the employment needs of the local agency. Any income earned by a student through this summer employment opportunity will be in addition to the scholarship awarded.

Further Information:

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

Allyssa Mefford, Operations Director
Corporation for Ohio Appalachian Development
P.O. Box 787
Athens, Ohio 45701-0787
Phone: 740-594-8499
Fax: 740-592-5994
E-mail: scholarships@coadinc.org

or, contact the Executive Director of the local COAD-member Community Action Agency listed in the directory (<http://www.coadinc.org/member-agencies>).

This scholarship program is sponsored in collaboration with the Ohio Appalachian Center for Higher Education (OACHE), a consortium of ten institutions of higher education located within the Appalachian Ohio region. For information about OACHE or the scholarship program, contact Shawnee State University, 940 Second Street, Portsmouth, Ohio 45662-4344 or call (740) 355-2299.

Background Information:

The Corporation for Ohio Appalachian Development is a private, non-profit community-based 501(c)(3) organization that serves thirty rural, mostly Appalachian counties in eastern, southeastern and southern Ohio. It is a membership organization comprised of seventeen Community Action Agencies. COAD's mission is to promote unified action and representation for its member agencies and the constituencies they serve, mainly low-income families and the elderly, by providing a collective voice for small, rural counties and agencies that otherwise would have difficulty attracting the attention or resources to meet their needs. COAD is an economic and human development entity, which operates programming primarily oriented toward the overall development and upward mobility of the Appalachian area of Ohio and its residents. COAD is an equal opportunity employer/provider of services.

David V. Stivison (1946 - 1997) was a former COAD employee, a native of Hocking County, Ohio, and a graduate of Ohio University and Harvard Law School. This Appalachian Scholarship Fund is named in his memory as a tribute to his pursuit of academic excellence and his commitment to help others achieve to their fullest potential.

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

Applicant Checklist

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.

→ **This is where you will be sending your completed application materials.**

SENDING APPLICATIONS DIRECTLY TO COAD WILL DELAY PROCESSING.

When submitting an application for consideration for a David V. Stivison Appalachian Community Action Fund Scholarship, 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.)
- _____ Counselor/Principal Evaluation Form (1 page)
- _____ High School Transcript
- _____ Proof of acceptance by an accredited 2-year or 4-year institution of higher education.

MARK EACH ITEM THAT YOU ARE SUBMITTING AND INCLUDE THIS CHECKLIST WITH YOUR APPLICATON MATERIALS.

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

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

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 April 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 April 1 to be considered.

Please type or print
General Information:

Full Name: _____					Gender: _____	
Last	First	Middle Initial			Male	Female
Address: _____					Ohio	_____
Number & Street/Route/Box #	City	Zip Code	Area Code and Telephone #			
County of Residence: _____			Email address: _____			
Date of Birth: _____		Marital Status: _____		SSN (last four digits) : <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 University you plan to attend: _____						
Planned major field of study: _____						

You may attach additional pages if there is not adequate space for you to complete the remaining required information.

List jobs (including summer employment) you have held:				
Job Title	Employer	Employment Dates		Hrs. Per Week
_____	_____	To	_____	_____
_____	_____	To	_____	_____
_____	_____	To	_____	_____
List Activities/Organizations in which you have participated during High School (School, Church and Civic):				

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List any honors or awards you received during high school:

List all other financial assistance you have received or for which you have applied for the next academic year:

Type/Name of Assistance	Date Applied	Date Awarded	Amount
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Please explain any special circumstances the Scholarship Selection Committee should take into consideration:

Briefly explain your reasons for seeking a college education and the goals you have set for your future:

I confirm the information on this application is accurate and complete to the best of my knowledge. I understand that incomplete documentation or failure to submit all required forms listed in the instructions will disqualify the applicant.

As the Applicant's parent or guardian, I confirm that the Applicant has my permission to apply for the COAD David V. Stivison Appalachian Community Action Scholarship. I also verify that the financial and academic information provided is accurate and complete to the best of my knowledge.

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 the most recent grading period of the senior year:

Grade Point Average _____ of a possible _____ points Rank in class _____

ACT composite score _____ or SAT scores _____

The following information should reflect your personal observation of the student:

Please rate this student as to his/her overall effort exhibited during the school year:

Outstanding _____ Above Average _____ Average _____

Please rate this student as to his/her inclination to succeed in post secondary education:

Outstanding _____ Above Average _____ Average _____

Please rate this student as to his/her character:

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 _____

Please use the space provided for additional remarks and/or to explain any special circumstances the Scholarship Selection Committee should take into consideration (you may use additional paper if necessary):

PLEASE REMEMBER TO ATTACH A TRANSCRIPT OF GRADES TO THIS FORM

Printed Name of Counselor/Principal Title Date

Signature of Counselor/Principal School District and/or County

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HOUSEHOLD INCOME STATEMENT AND VERIFICATION FORM

Instructions: 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 federal poverty guidelines.

Full Name: _____ Traditional Student (High school senior) _____ or Non-Traditional Student _____
 (check one)

Parent _____ or Guardian's _____ Full Name (if traditional student): _____
 (check one)

Gross Household Income Information:				
List all persons who have lived in the household during the last calendar year and identify all sources and gross amounts of income for that calendar year. All sources of income must be documented and copies of the documentation must be attached to this form and submitted with the application. Examples of acceptable documentation include tax returns, benefit notification letters, pay stubs, etc.				
Full Name	Birth Date	Source of Income	# of Mos. Recd	12 Month Total
TOTAL ANNUAL HOUSEHOLD INCOME =				

I certify that the total annual household income shown above is complete and accurate. I understand that household income means all income received by all persons residing in the household, including, but not limited to Social Security benefits, Veterans benefits, Alimony, Child Support, Interest, State Unemployment benefits, Workers Compensation benefits, Strike benefits, cash Public Assistance benefits, Wages and Tips.

I verify that all statements and items of documentation submitted on and with this form are true, correct and complete and I realize that I may be held liable under Federal and State laws for making any knowingly false or fraudulent statements.

 Signature of Parent, Guardian or Non-Traditional Student

 Date

**United States Department of Health and Human Services
2017 Federal Poverty Guidelines for Ohio**

As published in the January 31, 2017 Federal Register **

GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES *

# of persons in the household	200% of Poverty (Scholarship Guidelines)
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$87,560
6	\$65,920
7	\$74,280
8	\$82,640
Each additional person adds	\$8,360

* "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.

** 2016 poverty guidelines remain in effect until the Secretary of Health and Human Services (HHS) publishes updated guidelines.

COAD Member Agencies

Adams-Brown Economic Opportunity
406 W. Plum Street
Georgetown, OH 45121
1-800-553-7393/ (937) 378-6041
FAX: (937) 378-4114 / 378-3831
Executive Director: Alvin Norris
Counties: Adams, Brown

HAP Community Action
P.O. Box 220
3 Cardaras Drive
Glouster, Ohio 45732
(740) 767-4500
FAX: (740) 767-2301
Executive Director: Doug Stanley
Counties: Hocking, Athens, Perry

Belmont County C.A.C.
153 1/2 W. Main Street
St. Clairsville, OH 43950
(740) 695-0294
FAX: (740) 699-2578
Executive Director: Gary Obloy
Counties: Belmont

Gallia-Meigs C.A.A.
P.O. Box 272
8010 North S.R. 7
Cheshire, OH 45620
(740) 367-7341
FAX: (740) 367-7510
Executive Director: Tom Reed
Counties: Gallia, Meigs

G.M.N. Tri-County C.A.C.
615 North Street
Caldwell, OH 43724
(740) 732-2388
FAX: (740) 732-2389 CB4
Chief Executive Officer: Gary Ricer
Counties: Guernsey, Monroe, Noble

HARCATUS Tri-County C.A.O.
220 Grant Street
Dennison, OH 44621
(740) 922-0933
FAX: (740) 922-4128
Executive Director: Alison Kerns
Counties: Harrison, Carroll, Tuscarawas

Highland County C.A.O.
1487 North High Street
Business Center Suite 500
Hillsboro, OH 45133
(937) 393-3458
FAX: (937) 393-7707
Executive Director: Julia Wise
Counties: Highland

Ironton-Lawrence C.A.O.
305 North Fifth Street
Ironton, OH 45638
(740) 532-3534
FAX: (740) 547-3926
Chief Executive Officer: D.R. Gossett
Counties: Lawrence

Jackson-Vinton C.A.A.
118 South New York Ave.
Wellston, OH 45692
(740) 384-3722
FAX: (740) 384-5815
Executive Director: Cheryl Thiessen
Counties: Jackson, Vinton

Jefferson County C.A.C.
P.O. Box 130
114 N. Fourth Street
Steubenville, OH 43952
(740) 282-0971
FAX: (740) 282-8361
Chief Executive Officer: Mike McGlumphy
Counties: Jefferson

KnoHoCo Ashland C.A.C
120 N. 4th Street
Coshocton, OH 43812
(740) 622-9801
FAX: (740) 622-0165
Chief Executive Officer: Michael Stephens
Counties: Knox, Holmes, Coshocton, Ashland

Muskingum E.O.A.G., Inc.
828 Lee Street
Zanesville, OH 43701
(740) 453-5703, 1692, 5278
FAX: (740) 454-3717
Executive Director: Nancy Pierce
Counties: Muskingum

C.A.C. of Pike County
P.O. Box 799
941 Market Street
Piketon, OH 45661
(740) 289-2371
FAX: (740) 289-4291
Executive Director: Keith Pitts
Counties: Pike

Ross County C.A.C.
603 Central Center
Chillicothe, OH 45601
(740) 702-7222
FAX: (740) 702-7220 or 7234
Executive Director: Trina Payne
Counties: Ross

C.A.O. of Scioto County
P.O. Box 1525
Portsmouth, OH 45662
(740) 354-7541
FAX: (740) 354-3933
Executive Director: Steve Sturgill
Counties: Scioto

Washington-Morgan C.A.P
P.O. Box 144
218 Putnam Street
(740) 373-3745
FAX: (740) 373-6775 / (740) 373-6287
Executive Director: David Brightbill
Counties: Washington, Morgan

C.A.A. of Columbiana County, Inc.
7880 Lincolne Place
Lisbon, OH 44432
(330) 424-7221
FAX: (330) 424-3731
Executive Director: Tom Andrews
Counties: Columbiana