

**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 APPLICATION MATERIALS.

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

APPLICATION FOR FINANCIAL ASSISTANCE

You must submit the following material:

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

Full Name: _____
Last First Middle Initial

Gender: _____
(optional) Male or 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) : xx-xxx-

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
2023 Federal Poverty Guidelines for Ohio**

GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES *

# of persons in the household	200% of Poverty (Scholarship Guidelines)
1	\$29,160
2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120
Each additional person adds	\$10,280

* "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.