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:

HAP Community Action
Scholarship Committee
3 Cardaras Drive
Glouster, OH 45732

→ **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.

2019
The Corporation for Ohio Appalachian Development
David V. Stivison Appalachian Scholarship Fund

APPLICATION INFORMATION AND PROCEDURES

Mission Statement:

The mission of the Corporation for Ohio Appalachian Development (COAD) David V. Stivison Appalachian 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 (see Attachment #1).
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 is attached.

(See Attachment #2)

The completed application must be submitted (postmarked) to the appropriate Community Action Agency by *April 1st* 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. Decisions by the Scholarship Selection Committee will be final and will be announced by May 1.

Further Information:

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

Operations Director
Corporation for Ohio Appalachian Development
P.O. Box 787
Athens, Ohio 45701-0787
740-594-8499 (phone)
740-592-5994 (fax)
E-mail: scholarships@coadinc.org

or, contact the Executive Director of the local COAD-member Community Action Agency listed in the directory.

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

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 (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):

_____

_____

_____

APPLICATION FOR FINANCIAL ASSISTANCE – Page 2

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

_____
Applicant's Signature Date

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.

_____
Parent/Guardian's Signature Date

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

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

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

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

Attachment 1

United States Department of Health and Human Services 2019 Federal Poverty Guidelines for Ohio As published in the January 11, 2019 Federal Register**	
GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES*	
# of persons in the household	**200% of Poverty (Scholarship Guidelines)**
1	**$24,980**
2	**$33,820**
3	**$42,660**
4	**$51,500**
5	**$60,340**
6	**$69,180**
7	**$78,020**
8	**$86,860**
Each additional person adds	**$8,840**

***"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.**

**2019 poverty guidelines remain in effect until the Secretary of Health and Human Services (HHS) publishes updated guidelines.

Attachment 2

Directory of COAD-Member Community Action Agencies

Adams-Brown Economic Opportunity
406 West Plum Street
Georgetown, OH 45121
Phone: 1-800-553-7393
FAX: (937) 378-4114
Executive Director - Alvin Norris
Adams and Brown Counties

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

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

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

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

C.A.P. Corporation of Washington-Morgan Counties
P.O. Box 144
218 Putnam Street
Marietta, OH 45750
Phone: (740) 373-3745
FAX: (740) 373-6775
Executive Director - David Brightbill
Morgan and Washington Counties

Hocking, Athens, Perry Community Action
P.O. Box 220
3 Cardaras Drive
Glouster, OH 45732
Phone: (740) 767-4500
FAX: (740) 767-2301
Executive Director – Kelly Hatas
Athens, Hocking and Perry Counties

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

Ironton-Lawrence County C.A.O.
305 North Fifth Street
P.O. Box 517
Ironton, OH 45638
Phone: (740) 532-3534
FAX: (740) 547-3926
Chief Exec. Officer – D.R. Gossett
Lawrence County

Kno-Ho-Co-Ashland C.A.C.
120 N. 4th Street
Coshocton, OH 43812
Phone: (740) 622-9801
FAX: (740) 622-0165
Chief Exec. Officer –J. Michael Stephens
Ashland, Coshocton, Holmes and Knox Counties

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

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

Belmont County C. A. C.
153 ½ W. Main Street
St. Clairsville, OH 43950
Phone: (740) 695-0294
FAX: (740) 699-2578
Executive Director - Alaire Manez
Belmont County

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

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

Muskingum E. O. A. G.
828 Lee Street
Zanesville, OH 43701
Phone: (740) 453-5703
FAX: (740) 454-3717
Executive Director - Steve Wilson
Muskingum County

C.A.O. of Scioto County
P.O. Box 1525
433 Third Street
Portsmouth, OH 45662
Phone: (740) 354-7541
FAX: (740) 354-3993
Chief Exec. Officer - Steve Sturgill
Scioto County

Corporation for Ohio Appalachian Development (COAD)
P.O. Box 787
1 Pinchot Lane
Athens, OH 45701-0787
Phone: (740) 594-8499
FAX: (740) 592-5994
Executive Director – Ron Rees
Operations Manager – Allyssa Mefford
For General Information