



**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:

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

**SENDING APPLICATIONS DIRECTLY
TO COAD WILL DELAY PROCESSING.**

Applicant Checklist

When submitting an application for consideration, 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.

**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:

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 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 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 20th.**

Further Information:

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

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

or, contact the local Community Action Agency.

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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 Information:

Full Name: _____			Gender: _____	
Last	First	Middle Initial	(optional) Male or Female	
Address: _____		Ohio	Zip Code	Area Code and Telephone #
Number & Street/Route/Box #		City		
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

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

**United States Department of Health and Human Services
2025 Federal Poverty Guidelines for Ohio**

GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES

"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.

# of persons in the household	200% of Poverty (Scholarship Guidelines)
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
Each additional person adds	\$11,000

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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