

**The Corporation for Ohio Appalachian Development
David V. Stivison Appalachian 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 March 1 to the appropriate Community Action Agency in your area. (See Attachment #2)

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 March 1 to be considered.

Please type or print

General Information:

Full Name: _____				Sex: _____
Last	First	Middle Initial	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: _____	Social Security Number: _____		
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 to the COAD David V. Stivison Appalachian Scholarship Fund. 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

**The Corporation for Ohio Appalachian Development
David V. Stivison Appalachian 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

Signature of Counselor/Principal

Title

Date

Printed Name

School District and/or County

**United States Department of Health and Human Services
2009 Federal Poverty Guidelines for Ohio**

**As published in the January 23, 2009 Federal Register
(2010 guidelines have not yet been published)***

GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES **

# of persons in the household	200% of Poverty (Scholarship Guidelines)
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020
Each additional person adds	\$7,480

**** "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.**

* This notice advises that the 2009 Department of Health and Human Services (HHS) poverty guidelines will remain in effect until updated 2010 poverty guidelines are published, which shall not take place before March 1, 2010. [Federal Register: January 22, 2010 (Volume 75, Number 14)]

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

H.A.P. Community Action
P.O. Box 220
3 Cardaras Drive
Glouster, OH 45732
Phone: (740) 767-4500
FAX: (740) 699-2578
Executive Director - Bob Garbo
Hocking, Athens and Perry Counties

C.A.C of Belmont County
153 1/2 W. Main Street
St. Clairsville, OH 43950
Phone: (740) 695-0294
FAX: (740) 695-9255
Executive Director - Gary Obloy
Belmont County

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 - Tom Reed
Gallia and Meigs 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

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

Highland County C.A.O.
P.O. Box 838
1487 N. High Street
Hillsboro, OH 45133
Phone: (937) 393-3458
FAX: (937) 393-7707
Executive Director - Julia Wise
Highland County

Ironton-Lawrence Area C.A.O.
305 North Fifth Street
Ironton, OH 45638
Phone: (740) 532-3534
FAX: (740) 532-4763
Chief Exec. Officer - D.R. Gossett
Lawrence County

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

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 - Barbara West
Jefferson 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 - Michael Stephens
Ashland, Coshocton, Holmes and Knox Counties

Muskingum E. O. A. G.
828 Lee Street
Zanesville, OH 43701
Phone: (740) 453-5703
FAX: (740) 454-3717
Chief Exec. Officer - Nancy Pierce
Muskingum 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 - Ray Roberts
Pike County

Ross County C.A.C.
603 Central Center
Chillicothe, OH 45601
Phone: (740) 702-7222
FAX: (740) 702-7220
Executive Director - Wayne McLaughlin
Ross 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 - Robert Walton
Scioto County

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

C.A.A. of Columbiana County
7880 Lincole Place
Lisbon, OH 44432
Phone: (330) 424-7221
FAX: (330) 424-3731
Executive Director - Carol Bretz
Columbiana 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 - Roger McCauley
Operations Manager - Allyssa Mefford
For General Information