



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:

C.A.A of Columbiana County
7880 Lincoln Pl.
Lisbon, OH 44432

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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 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.

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

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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 _____
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
2024 Federal Poverty Guidelines for Ohio**

GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES *

# of persons in the household	200% of Poverty (Scholarship Guidelines)
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each additional person adds	\$10,760

* "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.

COAD Member Agencies

Kno-Ho-Co Ashland C.A.C.

120 N 4th St, Coshocton, Ohio 43812
Counties: Knox, Holmes, Coshocton, Ashland

HARCATUS Tri-County C.A.O.

821 Anola Ave. Suite A
Dover, Ohio 44622
Counties: Harrison, Carroll, Tuscarawas

 **C.A.A. of Columbiana County**

7880 Lincole Place, Lisbon, Ohio 44432
County: Columbiana

Jefferson County C.A.C.

114 North 4th Street
Steubenville, Ohio 43952
County: Jefferson

Muskingum E.O.A.G.

828 Lee St, Zanesville, Ohio 43701
County: Muskingum

G.M.N. Tri-County C.A.C.

615 North Street, Caldwell, Ohio 43724
Counties: Guernsey, Monroe, Noble

C.A.C. of Belmont County

153 1/2 West Main Street
St Clairsville, Ohio 43950
County: Belmont

Hocking-Athens-Perry Community Action

3 Cardaras Drive P.O. Box 220
Glouster, Ohio 45732
Counties: Hocking, Athens, Perry

C.A.P.C. of Washington-Morgan Counties

218 Putnam Street, Marietta, Ohio 45750
Counties: Washington, Morgan

Ross County C.A.C.

250 Woodbridge Avenue
Chillicothe, Ohio 45601
County: Ross

Highland County C.A.O.

1487 N High Street, Suite 500
Hillsboro, Ohio 45133-8496
County: Highland

C.A.C. of Pike County

941 Market St, Piketon Ohio, 45661
County: Pike

Jackson-Vinton C.A.A.

118 S. New York Avenue
Wellston, Ohio 45692
Counties: Jackson, Vinton

Gallia-Meigs C.A.A.

8317 SR 7 N Cheshire, Ohio, 45620
Counties: Gallia, Meigs

Adams-Brown Counties Economic Opportunities

406 W. Plum Street
Georgetown, Ohio 45121
Counties: Adams, Brown

C.A.O. of Scioto County

433 3rd St, Portsmouth, Ohio 45662
County: Scioto

Ironton-Lawrence County Area C.A.O.

120 N Third Street Ironton, Ohio 45638
County: Lawrence