

2010
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 March 1 to be considered for funding for the academic year beginning in September 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.

Applicants selected by the Committee will be invited to attend COAD's annual banquet in August to be formally introduced and recognized. Any costs associated with attending this banquet will be paid by COAD. Attendance at the banquet is not required.

Summer Employment:

Depending on the availability of funding and the interests of the selected applicants, participating Community Action Agencies will offer the opportunity of summer employment to scholarship recipients. The terms of employment and the work assignments will be based on the student's career interests and the employment needs of the local agency. Any income earned by a student through this summer employment opportunity will be in addition to the scholarship awarded.

Further Information:

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

Allyssa Mefford, Operations Manager
Corporation for Ohio Appalachian Development
1 Pinchot Lane
P.O. Box 787
Athens, Ohio 45701-0787
740-594-8499 (phone)
740-592-5994 (fax)
E-mail: amefford@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.

**David V. Stivison Appalachian Scholarship Fund
Applicant Checklist**

Please see Attachment #2 or refer to <http://www.coadinc.org/Main.php?page=agencies> and write down the name and address of your local community action agency:

----- → **This is where you will be sending your completed application with related materials.**

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

When submitting an application for consideration for a David V. Stivison Appalachian 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.

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 _____
Number & Street/Route/Box #	City	Zip Code	Area Code and Telephone #		
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

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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:

PLEASE REMEMBER TO ATTACH A TRANSCRIPT OF GRADES TO THIS FORM

Signature of Counselor/Principal

Title

Date

School District

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

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

Highland County C.A.O.

P.O. Box 838
1487 North High Street
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 - Barbara West
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 - Ray Roberts
Pike 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

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 - Bob Garbo
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) 532-4763
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 - 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 - Wayne McLaughlin
Ross County

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

Belmont County C. A. C.

153 ½ W. Main Street
St. Clairsville, OH 43950
Phone: (740) 695-0294
FAX: (740) 695-9255
Executive Director - Gary Obloy
Belmont County

HARCATUS Tri-County C.A.O.

220 Grant Street
Dennison, OH 44621
Phone: (740) 922-0933
FAX: (740) 922-4128
Executive Director - Charles Lorenz
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 - Nancy Pierce
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 - Robert Walton
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 - Roger McCauley
Operations Manager - Allyssa Mefford
For General Information