

**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 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:	Last	First	Middle Initial	Gender:	(optional) _____	Male or Female
Address:	Number & Street/Route/Box #	City	Ohio	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