

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATION FOR FINANCIAL ASSISTANCE – Page 2

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

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