

**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 April 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 April 1 to be considered.

*Please type or print*  
**General Information:**

Full Name: _____					Gender: _____	
Last	First	Middle Initial			Male	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) : <u>XX-XXX-</u> _____		
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:**

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**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:**

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**Briefly explain your reasons for seeking a college education and the goals you have set for your future:**

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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