

APPLICATION FOR FINANCIAL ASSISTANCE

You must submit the following material:

- REMEMBER** All information must be submitted (postmarked) to the appropriate local Community Action Agency by May 1 to be considered.

Full Name: _____
Last First Middle Initial

Gender: _____
(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: _____

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