

**The Corporation for Ohio Appalachian Development  
David V. Stivison Appalachian Community Action Scholarship Fund**

**APPLICATION INFORMATION AND PROCEDURES**

**Mission Statement:**

The mission of the Corporation for Ohio Appalachian Development (COAD) David V. Stivison Appalachian Community Action 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.
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 can be found on COAD's website.

**The completed application must be submitted (postmarked) to the appropriate Community Action Agency by April 1** to be considered for funding for the academic year beginning in the Fall term 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. COAD will review the applications submitted from member Community Action Agencies 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 making decisions.

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. **The awards will be final and will be announced by May 1.**

**Further Information:**

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

Operations Director  
Corporation for Ohio Appalachian Development  
P.O. Box 787  
Athens, Ohio 45701-0787  
Phone: 740-594-8499  
Fax: 740-592-5994  
E-mail: [scholarships@coadinc.org](mailto:scholarships@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.

**The Corporation for Ohio Appalachian Development  
David V. Stivison Appalachian Community Action Scholarship Fund**

**Applicant Checklist**

Please see the attachment in the mailed application packet or refer to our website and write down the name and address of your local community action agency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

When submitting an application for consideration for a David V. Stivison Appalachian Community Action 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 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			(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): <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.*

Job Title	List jobs (including summer employment) you have held:			Hrs. Per Week
	Employer	Employment Dates		
		To	_____	
		To	_____	
		To	_____	

**List Activities/Organizations in which you have participated during High School (School, Church and Civic):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION FOR FINANCIAL ASSISTANCE – Page 2**

**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

**The Corporation for Ohio Appalachian Development  
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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 (you may use additional paper if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REMEMBER TO ATTACH A TRANSCRIPT OF GRADES TO THIS FORM**

\_\_\_\_\_  
Printed Name of Counselor/Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counselor/Principal

\_\_\_\_\_  
School District and/or County

**United States Department of Health and Human Services  
2020 Federal Poverty Guidelines for Ohio**

**Effective January 15, 2020**

**GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES \***

<b># of persons in the household</b>	<b>200% of Poverty (Scholarship Guidelines)</b>
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
<b>Each additional person adds</b>	<b>\$8,960</b>

\* "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.



## COAD Member Agencies

Adams-Brown Economic Opportunity  
406 W. Plum Street  
Georgetown, OH 45121  
1-800-553-7393/ (937) 378-6041  
FAX: (937) 378-4114 / 378-3831  
Executive Director: Alvin Norris  
Counties: Adams, Brown

HAP Community Action  
P.O. Box 220  
3 Cardaras Drive  
Glouster, Ohio 45732  
(740) 767-4500  
FAX: (740) 767-2301  
Executive Director: Kelly Hatas  
Counties: Hocking, Athens, Perry

Belmont County C.A.C.  
153 1/2 W. Main Street  
St. Clairsville, OH 43950  
(740) 695-0294  
FAX: (740) 699-2578  
Executive Director: Alaire Mancz  
Counties: Belmont

Gallia-Meigs C.A.A.  
P.O. Box 272  
8010 North S.R. 7  
Cheshire, OH 45620  
(740) 367-7341  
FAX: (740) 367-7510  
Executive Director: Lora Rawson  
Counties: Gallia, Meigs

G.M.N. Tri-County C.A.C.  
615 North Street  
Caldwell, OH 43724  
(740) 732-2388  
FAX: (740) 732-2389 CB4  
Chief Executive Officer: Gary Ricer  
Counties: Guernsey, Monroe, Noble

HARCATUS Tri-County C.A.O.  
225 Fair Avenue NE  
New Philadelphia, Ohio 44663  
(740) 922-0933  
FAX: (740) 922-4128  
Executive Director: Alison Kerns  
Counties: Harrison, Carroll, Tuscarawas

Highland County C.A.O.  
1487 North High Street  
Business Center Suite 500  
Hillsboro, OH 45133  
(937) 393-3458  
FAX: (937) 393-7707  
Executive Director: Julia Wise  
Counties: Highland

Ironton-Lawrence C.A.O.  
305 North Fifth Street  
Ironton, OH 45638  
(740) 532-3534  
FAX: (740) 547-3926  
Chief Executive Officer: D.R. Gossett  
Counties: Lawrence

Jackson-Vinton C.A.A.  
118 South New York Ave.  
Wellston, OH 45692  
(740) 384-3722  
FAX: (740) 384-5815  
Executive Director: Cheryl Thiessen  
Counties: Jackson, Vinton

Jefferson County C.A.C.  
P.O. Box 130  
114 N. Fourth Street  
Steubenville, OH 43952  
(740) 282-0971  
FAX: (740) 282-8361  
Chief Executive Officer: Mike McGlumphy  
Counties: Jefferson

KnoHoCo Ashland C.A.C.  
120 N. 4th Street  
Coshocton, OH 43812  
(740) 622-9801  
FAX: (740) 622-0165  
Chief Executive Officer: Mike Stephens  
Counties: Knox, Holmes, Coshocton, Ashland

Muskingum E.O.A.G., Inc.  
828 Lee Street  
Zanesville, OH 43701  
(740) 453-5703, 1692, 5278  
FAX: (740) 454-3717  
Executive Director: Steve Wilson  
Counties: Muskingum

C.A.C. of Pike County  
P.O. Box 799  
941 Market Street  
Piketon, OH 45661  
(740) 289-2371  
FAX: (740) 289-4291  
Executive Director: Keith Pitts  
Counties: Pike

Ross County C.A.C.  
603 Central Center  
Chillicothe, OH 45601  
(740) 702-7222  
FAX: (740) 702-7220 or 7234  
Executive Director: Julie Bolen-Kellough  
Counties: Ross

C.A.O. of Scioto County  
P.O. Box 1525  
Portsmouth, OH 45662  
(740) 354-7541  
FAX: (740) 354-3933  
Executive Director: Steve Sturgill  
Counties: Scioto

Washington-Morgan C.A.P.  
P.O. Box 144  
218 Putnam Street  
(740) 373-3745  
FAX: (740) 373-6775 / (740) 373-6287  
Executive Director: David Brightbill  
Counties: Washington, Morgan

C.A.A. of Columbiana County, Inc.  
7880 Lincolc Place  
Lisbon, OH 44432  
(330) 424-7221  
FAX: (330) 424-3731  
Executive Director: Tom Andrews  
Counties: Columbiana