

**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 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 May 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 20th.**

Further Information:

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

Operations Director/Scholarship Administrator
Corporation for Ohio Appalachian Development
P.O. Box 787
Athens, Ohio 45701-0787
E-mail: scholarships@coadinc.org

or, contact the local Community Action Agency listed in the directory.

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.

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):

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
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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

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

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

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

HOUSEHOLD INCOME STATEMENT AND VERIFICATION FORM

Instructions: This form is to be completed by the applicant's parent or legal guardian unless the applicant is a non-traditional student, in which case the form is to be completed by the applicant. In either case, this form must be completed and submitted with the other application information.

To be eligible for this scholarship, the applicant must reside in a household with a total annual income at or below 200% of the current federal poverty guidelines.

Full Name: _____ Traditional Student (High school senior) _____ or Non-Traditional Student _____
(check one)

Parent _____ or Guardian's _____ Full Name (if traditional student): _____
(check one)

Gross Household Income Information:

List all persons who have lived in the household during the last calendar year and identify all sources and gross amounts of income for that calendar year. All sources of income must be documented and copies of the documentation must be attached to this form and submitted with the application. Examples of acceptable documentation include tax returns, benefit notification letters, pay stubs, etc.

Full Name	Birth Date	Source of Income	# of Mos. Recd	12 Month Total
TOTAL ANNUAL HOUSEHOLD INCOME =				

I certify that the total annual household income shown above is complete and accurate. I understand that household income means all income received by all persons residing in the household, including, but not limited to Social Security benefits, Veterans benefits, Alimony, Child Support, Interest, State Unemployment benefits, Workers Compensation benefits, Strike benefits, cash Public Assistance benefits, Wages and Tips.

I verify that all statements and items of documentation submitted on and with this form are true, correct and complete and I realize that I may be held liable under Federal and State laws for making any knowingly false or fraudulent statements.

Signature of Parent, Guardian or Non-Traditional Student

Date

**United States Department of Health and Human Services
2025 Federal Poverty Guidelines for Ohio**

GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES

"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.

# of persons in the household	200% of Poverty (Scholarship Guidelines)
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
Each additional person adds	\$11,000

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
Counties: Adams, Brown

HAP Community Action
P.O. Box 220
3 Cardaras Drive
Glouster, Ohio 45732
(740) 767-4500
FAX: (740) 767-2301
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
County: Belmont

Gallia-Meigs C.A.A.
P.O. Box 272
8317 North S.R. 7
Cheshire, OH 45620
(740) 367-7341
FAX: (740) 367-7510
Counties: Gallia, Meigs

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

HARCATUS Tri-County C.A.O.
821 Anola Ave, Suite A
Dover, Ohio 44622
(740) 922-0933
FAX: (740) 922-4128
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
County: Highland

Ironton-Lawrence C.A.O.
120 N Third Street
Ironton, OH 45638
(740) 532-3534
FAX: (740) 547-3926
County: Lawrence

Jackson-Vinton C.A.A.
118 South New York Ave.
Wellston, OH 45692
(740) 384-3722
FAX: (740) 384-5815
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
County: Jefferson

KnoHoCo Ashland C.A.C.
120 N. 4th Street
Coshocton, OH 43812
(740) 622-9801
FAX: (740) 622-0165
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
County: Muskingum

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

Ross County C.A.C.
250 Woodbridge Avenue
Chillicothe, OH 45601
(740) 702-7222
FAX: (740) 702-7220 or 7234
County: Ross

C.A.O. of Scioto County
433 3rd Street
Portsmouth, OH 45662
(740) 354-7541
FAX: (740) 354-3933
County: Scioto

Washington-Morgan C.A.P.
P.O. Box 144
218 Putnam Street
Marietta, OH 45750
(740) 373-3745
FAX: (740) 373-6775 / (740) 373-6287
Counties: Washington, Morgan

C.A.A. of Columbiana County, Inc.
7880 Lincole Place
Lisbon, OH 44432
(330) 424-7221
FAX: (330) 424-3731
County: Columbiana