



FACT SHEET

EDUCATIONAL SCHOLARSHIP

Sponsored by Community Action of Southern Kentucky

The CSBG Scholarship is offered to a **graduating high school senior or another adult high school graduate or GED recipient**. Individual must live in this county and be preparing for a career by enrolling or already enrolled in a post-secondary program, such as a college/university, vocational/technical school, or trade/professional school.

This year's scholarship will apply up to \$1,500 to direct costs such as tuition, books, laboratory equipment, course fees, or student housing incurred by curriculum requirements. Entrance fee to guarantee pre-registration is NOT an eligible cost.

There are no restrictions of career choice.

ALL completed applications must be submitted to your Guidance Counselor, Youth Service Center Coordinator or Community Action County Coordinator by the **30th** day of **March, 2012**. Household income for applicants must be at or below 125% of the Federal Poverty Income Guidelines. (Please see attached.)

A completed application consists of:

- Application Form
- Written documentation of gross household income for the month prior to application date.
- Letter of registration/proof of registration to post-secondary educational / training program.
- Letter of recommendation.
- High school transcript or proof of GED.
- Completed release of Information.

Scholarship winners will be contacted to schedule an Awards Presentation with the local Judge Executive and/or Board Member. A news release with permission will also be placed in the local newspaper.

Scholarship proceeds are paid to vendors only.

Questions may be directed to Guidance Counselor, Youth Service Center Coordinator, or the local County Coordinator, _____ at _____

Name

Phone number

Community Action of Southern Kentucky, Inc. prohibits discrimination on the basis of race, color, sex, age, handicap, religion, or national origin.



Please note that only complete applications will be considered for CSBG Scholarship Program.

- _____ Completed application form
- _____ Proof of gross household income for the month prior to date of application attached to the application
- _____ Proof of registration or acceptance to post-secondary institution
- _____ Letter of Recommendation form
- _____ High school transcript or proof of GED
- _____ Completed Release of Information

Release of Information

All of the information on this form is true and complete to the best of my knowledge. **I have attached written documentation supporting my income information.** I agree to notify Community Action of Southern Kentucky, Inc. of any changes in my address, career plans,



and/or institution of choice that may occur before June 30, 2012. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

I understand that all agents of Community Action of Southern Kentucky, Inc. are bound to the confidentiality standards of the Cabinet for Health and Family Services.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicable)

Date

Please return the completed application to your Guidance Counselor, Youth Service Center Coordinator, or (Coordinator Name), County Coordinator at _____
(Address) _____ no later than **March 30, 2012**.

**COMMUNITY ACTION OF SOUTHERN KENTUCKY, INC.
EDUCATIONAL SCHOLARSHIP**

2012-2013

By March 30, 2012, please submit the following to your Guidance Office, Youth Service Center, or County Coordinator:

- 1) completed application form;
- 2) written proof of gross household income for the month prior to date of application (complete form & attach written documentation);
- 3) proof of registration or acceptance to post-secondary institution;
- 4) letter of recommendation (form included);
- 5) release of information; and
- 6) high school transcript or proof of GED.

LEGAL NAME: _____

Social Security Number: _____ Telephone #: (____) _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Mother/Guardian Name (if applicable): _____

Father/Guardian Name (if applicable): _____

Name of High School: _____

Address of High School: _____

City: _____ State: _____ Zip: _____

Guidance Counselor/Youth Service Center Coordinator Name (if applicable):

High School Graduation Date: _____ GED received: _____

Number of Persons in Household: _____ Gross income from all sources for all household
members
for previous month (see attached form) \$ _____

Name of school I plan to attend: _____

Address of school I plan to attend: _____

City: _____ State: _____ Zip: _____

Date I plan to enter post secondary school: _____

Date I plan to graduate: _____

Major field of study I plan to pursue: _____

Career Objective: _____

Community involvement: _____

Volunteer &/or work experience: _____

I have _____ have not _____ applied for financial assistance. (Loans, Grants, Scholarships)

Please
list: _____

I have _____ have not _____ received financial assistance. (Loans, Grants, Scholarships)

Please
list: _____

I am _____ am not _____ related to anyone who works at Community Action of Southern Kentucky.

Name of relative: _____ Relationship: _____

Please compose a paragraph on “How I plan to contribute to my community through my career choice.” (Continue on back if necessary.)

Please note that only complete applications will be considered.

TO BE COMPLETED BY GUIDENCE COUNSELOR OR YOUTH SERVICE CENTER COORDINATOR. Non-traditional students must include high school transcript or proof of GED.

1. High School GPA _____ on scale of _____
2. Rank _____ Class Size _____
3. Grade Point Average calculated after _____ semesters.

Signature of Counselor/Youth Service Center Coordinator

Date



COMMUNITY ACTION OF SOUTHERN KENTUCKY, INC.
Confidential Household Income for Last Month
(Proof of Income must be attached)

Applicant Name _____

Marital Status of Parent(s) or Non-Traditional Applicant: Married Divorced Single
 Widow

Total number living at applicant's home address: _____

Of above number of household members, how many are:

10 years & under 11- 17 years 18- 22 years over age 23 years

Does your family: own a home rent a residence lease a residence

How long have you lived at current address? _____ years _____ months

	Applicant Name	Family Member	Family Member	Family Member	Family Member
	Age	Age	Age	Age	Age
	SS#	SS#	SS#	SS#	SS#
	Relationship to applicant				
TYPE OF INCOME					
Gross Wages Earned	\$	\$	\$	\$	\$
Net self-employed Income	\$	\$	\$	\$	\$
College Grants, Fellowships & Assistantships	\$	\$	\$	\$	\$
Pensions	\$	\$	\$	\$	\$
Government Policy Annuities	\$	\$	\$	\$	\$
SS Disability Ins.	\$	\$	\$	\$	\$
SS Survivors Ins.	\$	\$	\$	\$	\$
SS Retirement	\$	\$	\$	\$	\$
Military Pay	\$	\$	\$	\$	\$
Veterans Benefits	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$
Unemployment Ins	\$	\$	\$	\$	\$
K-TAP	\$	\$	\$	\$	\$
Supplemental Security Ins. (SSI)	\$	\$	\$	\$	\$
Other Specify	\$	\$	\$	\$	\$
TOTAL GROSS INCOME FOR PREVIOUS MO.	\$	\$	\$	\$	\$



Community Action of Southern Kentucky, Inc.
Recommendation for Community Service Block Grant Scholarship

Applicant's Name: _____

Address: _____

Street	City	State
Zip		

Respondent's Name (please print): _____ Phone: _____

Position/Title: _____

Institution or Organization: _____

Address: _____

Date	Signature of Respondent
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1. I have known the applicant as a high school student other _____

2. I have known the applicant for a period of _____ years and/or _____ months.

3. I have served as the applicant's advisor teacher employer other _____

To the Respondent:
nearly

In the rating scales below, please describe the applicant by checking the box that most represents your evaluation. Compare the applicant, on each item, with a representative group of students who have had approximately the same amount of experience and training as the applicant. Rate the applicant by the following: **1**-No Basis for Judgment; **2**- Below Average; **3**- Average; **4**- Good; and **5**- Excellent

Applicant's Academic Ability:

	1	2	3	4	5
4. Knowledge of and ability to use computers:					
5. Ability to express self in speech and in writing:					
6. Self-reliance and independence:					
7. Motivation toward a successful, productive career:					
8. Emotional stability and maturity:					
9. Possession of a fertile imagination and originality:					

Note: Educational level of the group with whom applicant is compared: High school senior non-traditional student

10. What is your assessment of the applicant's ability to do post-secondary work?

11. Recommendation:

- (a.) I recommend the applicant without reservation as an excellent prospect.
- (b.) I recommend the applicant with some reservation.
- (c.) I cannot recommend the applicant for post-secondary work at this time.

If you have checked (b.) or (c.) please elaborate.

12. Please comment on the applicant's qualifications for post-secondary education.