



## 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 **1st** day of **April, 2011**. 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, 2011. 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 **April 1, 2011.**



COMMUNITY ACTION OF SOUTHERN KENTUCKY, INC.
EDUCATIONAL SCHOLARSHIP

2011-2012

Community Action Use Only

Date Received

Complete Y/N

By April 1, 2011, 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.)**

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

<b>Applicant Name</b>	<b>Family Member</b>	<b>Family Member</b>	<b>Family Member</b>	<b>Family Member</b>
Age	Age	Age	Age	Age
SS#	SS#	SS#	SS#	SS#
Relationship to applicant				

<b>TYPE OF INCOME</b>					
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	\$	\$	\$	\$	\$
<b>TOTAL GROSS INCOME FOR PREVIOUS MO.</b>	\$	\$	\$	\$	\$



**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

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:** In the rating scales below, please describe the applicant by checking the box that most nearly 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.

H.H. Size	125% Monthly Income
1	\$1,134
2	\$1,532
3	\$1,930
4	\$2,328
5	\$2,726
6	\$3,124
7	\$3,522
8	\$3,920

100% Add \$318 for each additional family member  
 125% Add \$398 for each additional family member  
 130% Add \$414 for each additional family member  
 150% Add \$478 for each additional family member  
 200% Add \$637 for each additional family member

#### INCOME INCLUDES

1	Money wages and salaries before any deductions	13	Regular support from someone not living in household
	Net receipts from Self -		Private
2	Employment	14	Pensions
3	Social Security	15	Government Employee Pensions
4	Railroad Retirement	16	Regular Insurance or Annuity Payments
5	Unemployment Compensation	17	College Scholarships,
6	Strike Benefits		Fellowships,
7	Workers Compensation	18	and assistance
8	Veterans Payments	19	Dividends / Interest
9	Public assistance (KTAP, SSI, etc)	20	Net Rental Income
	Training		Periodic Receipts from estates
10	Stipends	21	Gambling / Lottery Winnings
11	Alimony / Child Support		
12	Military Family Allotments		

#### INCOME DOES NOT INCLUDE

1	Capital Gains	7	One time Insurance payments
2	Bank Withdrawals	8	Lump Sum Inheritances
	Sale of		
3	Property	9	Non Cash Benefits
4	One time welfare payment	10	Medicare, Medicaid, Food
5	Tax refunds		Stamps,
6	Gifts / Loans		School Lunches, Housing Assistance