



## 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 \$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 **12th** day of **April, 2010**. Household income for applicants must be at or below 200% 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
- \_\_\_\_\_ Written 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, 2010. 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 12, 2010**.

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

**2010-2011**

By April 12, 2010, 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other scholarships or grants I have applied for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



Please note that only complete applications will be considered.

TO BE COMPLETED BY GUIDANCE 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

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

Table with 5 columns: Applicant Name, Family Member, Family Member, Family Member, Family Member. Rows include Age, SS#, Relationship to applicant, and 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	\$	\$	\$	\$	\$
<b>TOTAL GROSS INCOME FOR PREVIOUS MO.</b>	\$	\$	\$	\$	\$

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

**\*\* Please attach written documentation to support the income stated above. \*\***

Applicant's Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Street	City	State
Zip		

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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?

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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.

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