

Carolyn Detty Memorial Scholarship
Sponsored by Ross County Community Action Commission

APPLICATION INFORMATION AND PROCEDURES

Mission Statement:

The mission of the Carolyn Detty Memorial Scholarship is to provide financial assistance to students who:

1. Attended a Head Start Program
2. Want to attend institutions of higher education
3. Lack the required resources to do so

Purpose:

- * To enable students to attend an accredited institution of higher education by awarding scholarship assistance.
- * To increase the number of Ross County residents who attend institutions of higher education.
- * To increase the number of Head Start participants who attend institutions of higher education.

Eligibility Criteria:

To be eligible, an applicant must meet all of the following criteria:

1. Show proof of attending a Head Start program.
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 Ross County Community Action according to the instructions given. Applications will be solicited from local high schools and vocational schools. Non-traditional students may apply directly to local Community Action Agencies.

The completed application and all appropriate documentation must be submitted (postmarked) to Ross County Community Action Agency by February 28th to be considered for funding for the academic year beginning in the Fall term of that year.

The Carolyn Detty Memorial Scholarship Committee will determine whether all eligibility criteria have been met, screen applicants and review 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, unless the field of study chosen by the applicant is not offered by any of these institutions. **The awards will be finalized and announced by May 1.**

Ross County Community Action
Attn: Carolyn Detty Scholarship Committee
250 N. Woodbridge Ave. Chillicothe, OH 45601
Phone: 740-702-7222
Fax: 740-702-7220
E-mail: aclark@rossccac.com

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

Effective January 15, 2020

GROSS ANNUAL HOUSEHOLD INCOME GUIDELINES *

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

* "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.

**Carolyn Detty Memorial Scholarship
Sponsored by Ross County Community Action Commission**

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

Carolyn Detty Memorial Scholarship Sponsored by Ross County Community Action Commission

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 **February 28th** to Ross County Community Action Commission.

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.
2. **Application Form:** Please note the application must be signed by you and your parent/legal guardian. (unless Applicant is at least 18 years of age.)
3. **Counselor/Principal Evaluation Form:** Remind your counselor that a transcript must accompany this application.

REMEMBER All information must be submitted (postmarked) to Ross County Community Action by **February 28th** 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>xxx-xx-</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.

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
-------------------------	--------------	--------------	--------

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

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 Carolyn Dett Scholarship sponsored by Ross County Community Action. 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

**Carolyn Detty Memorial Scholarship
Sponsored by Ross County Community Action**

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

Carolyn Detty Memorial Scholarship
Sponsored by Ross County Community Action Commission

Applicant Checklist

Please submit your completed application by February 28th to:

Ross County Community Action
Attn: Carolyn Detty Scholarship Committee
250 N. Woodbridge Ave.
Chillicothe, OH 45601

When submitting an application for consideration for a Carolyn Detty Memorial 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.