



SCHOLARSHIP PACKET 2021-2022



**COMMUNITY ACTION
OF SOUTHERN KENTUCKY**

921 Beauty Avenue
Bowling Green, Kentucky 42101
Phone: 270-782-3162 Fax: 270-842-5735



Continue Your Education

Would you like to continue your education at a College/University, Vocational/Technical School, or Trade/Professional Training Program?

Apply today for a \$1,000 Scholarship.
(Note: You must be income-eligible.)

Contact your local Community Action of
Southern Kentucky, Inc.
Community Services office for more information.

Applications due by March 12, 2021

SPONSORED BY
COMMUNITY ACTION OF
SOUTHERN KENTUCKY, INC.

This program is funded in part, under a contract with the Cabinet for Health and Family Services with funds from the Community Services Block Grant Act of the U.S. Department of Health and Human Services.





COMMUNITY ACTION OF SOUTHERN KENTUCKY, INC.
EDUCATIONAL SCHOLARSHIP

Community Action
Use Only

Date Received

Complete
Y/N

2020-2021

By **March 12, 2021**, 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.)



EDUCATIONAL SCHOLARSHIP FACT SHEET

The Community Services Block Grant Scholarship is offered to a **graduating high school senior or another adult high school graduate or GED recipient**. Applicant must apply in the county where they reside, 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 \$1000 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 **March 12, 2021**. Household income for applicants must be at or below 125% of the Federal Poverty Income Guidelines. (Please see attached.)

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

Scholarship proceeds are paid to vendors only.

Awards are based on funding availability.

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



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ATTACH TO PURCHASE REQUISITION

EXPENSE QUESTIONNAIRE

**Due to County Coordinator:
by 05/1/21**

County: _____

Recipient: _____

Post-Secondary School: _____

CSBG 2021 EDUCATIONAL SCHOLARSHIP

1. What expense(s) do you want your scholarship to pay (i.e. tuition, books, meal ticket, etc.)?

2. Time period covered by expense(s) declared above: _____

3. Identify the party to which the scholarship check should be made: (checks payable only to vendor/institution)

Vendor Name: _____

Vendor Mailing Address: _____

Vendor Phone #: _____

Vendor Contact Person: _____

4. What items need to appear on face of issued check (i.e. Social Security #, recipient's name, etc.)?

5. Are there any exceptions/special conditions needed for your school to accept payment (i.e. date check must be received by billing checks, etc.)?

6. Has the recipient received any other scholarships or grants to support the same costs supported by this scholarship?

7. **OBTAIN A WRITTEN STATEMENT OR RECEIPT FROM VENDOR TO SUPPORT THE EXPENSES DECLARED. ATTACH TO PURCHASE REQUISITION.**

8. When should payment reach vendor? _____

County Coordinator: Contact the recipient's post-secondary institution to facilitate release of scholarship funds. Please complete this form and attach it and "Vendor's Invoice" to Purchase Requisition and submit as usual.



PHOTO RELEASE AND CONSENT

I, _____, the undersigned, grant
Community Action of Southern Kentucky, Inc. the right to use, publish, or reproduce, in
any form, and give title or caption to all photographs made of me or of _____

Name of minor child

Permission is granted to use such photographs for publicity, advertising purposes, or in
any other legitimate way. My consent is given with the knowledge that Community Action of
Southern Kentucky, Inc. will incur expenses in connection with such photographs.

Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Signature

Date

Signature of Parent/Legal Guardian

Date

Witness

Date



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Release of Information

All of the information on this application 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, 2021. 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 Vicki Withrow-Franklin, County Coordinator at 727 N. Main St. Franklin KY 42134 no later than **March 12, 2021.**



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