

COMMUNITY ACTION PROGRAM, INC OF WESTERN INDIANA SCHOLARSHIP IN MEMORY OF JOAN E. CLINE

Community Action Program Inc of Western Indiana (CAPWI) wishes to assist young adults in their endeavors to pursue higher education. We wish to reward those that have demonstrated integrity, courage, and ideals such as to give promise of future service and productivity in the community, State, and Nation.

GUIDELINES

1. Scholarships will only be awarded in CAPWI's six county service area, which includes Benton, Fountain, Montgomery, Parke, Vermillion, and Warren Counties.
2. Two scholarships will be awarded per year with counties rotating until all counties have had a recipient.
3. Preference will be given to low-moderate income families. Low/moderate is defined as 150% of the Federal Poverty Guidelines which takes into consideration the number of persons within the family household and income level.
4. Scholarships will be provided for 4 year, 2 yr, or Trade Association degrees to graduating seniors.
5. Within reasonable limits, recipients will have the right to select the school of their choice as long as it is an accredited school or university.
6. Scholarships will be \$1,000 for each year they attend higher education up to a maximum of 4 years.
 - a. They must be enrolled for a minimum of 12 credit hours or full time equivalency.
 - b. They must carry a 2.5 grade point average to be eligible to receive the award for the next year.
7. The money will be paid directly to the recipient so as not to jeopardize other financial aid. \$500 will be given at the start of each semester. Before receiving the money for the next semester, the recipient must submit a letter requesting the money, proof of enrollment, and GPA.
8. No applicant will be discriminated upon due to race, nationality, religion, or any other bias that may be prohibited by Federal Law.
9. Applicants that have a relationship to a CAPWI employee or Board Member are eligible to apply.
10. A Scholarship Committee made up of CAPWI employees will score the applicant and make the final decision based on an anonymous process. Applicants will be notified whether or not they are awarded the scholarship in writing and/or by phone.
11. Recipients will be asked to attend the CAPWI Annual Meeting held in the spring of each year. Photographs and information about recipients may be used in publications such as the agencies annual report, newsletters and local newspapers.

APPLICATION PROCESS/CHECKLIST

The applicant must submit the following to the CAPWI Scholarship Committee:

1. Completed application form
2. An official transcript of high school grades and credits
3. Letter of recommendation from one of your high school teachers
4. One personal letter of recommendation
5. A copy of all W2's received by members of the household as proof of income.
6. Attach an essay of no more than 250 words detailing an obstacle (personal, academic, medical, or otherwise) that the applicant has overcome. Provide information about how the obstacle was overcome and lessons learned from the experience. The essay should be typed using 12 fonts.
7. The application and supporting documentation must be received by CAPWI by the close of business on March 1. The recipient will be announced on April 1.

All completed applications (including required documents) must be submitted to:

Kathy Walker, Communications Director

Community Action Program

418 Washington Street

P.O. Box 188

Covington, IN 47932

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SCORING CRITERIA

1. FAMILY INCOME
 - a. Above 250% of Federal Poverty Guidelines 0 points
 - b. 201% to 250% of Federal Poverty Guidelines 4 points
 - c. 150% to 200% of Federal Poverty Guidelines 6 points
 - d. Below 150% of Federal Poverty Guidelines 8 points
2. RECEIVED CAPWI OR OTHER LOW INCOME SERVICES IN THE PAST
 - a. no services 0 points
 - b. 1 service 2 points
 - c. 2 to 3 services 4 points
 - d. 4 or more services 6 points
3. EXTRA CURRICULAR ACTIVITIES (no more than 5 activities) 0-2 points
4. SPECIAL CONSIDERATIONS/EXTENUATING CIRCUMSTANCES 0-4 points
5. COMMUNITY VOLUNTEERISM (no more than 5 activities) 0-2 points
6. HIGH SCHOOL GRADES
 - a. 3.5- 4.0 4 points
 - b. 3.0-3.5 3 points
 - c. 2.5 - 3.0 2 points
 - d. 2.0 - 2.5 1 point
7. ESSAY EVALUATION
 - a. Well thought out 0-2 points
 - b. Grammar and punctuation 0-2 points
 - c. Reflects value and character 0-2 points

COMMUNITY ACTION PROGRAM INC OF WESTERN INDIANA SCHOLARSHIP IN MEMORY OF JOAN E. CLINE Application Form

1. Name: _____
2. Address: _____
3. City: _____ County: _____
4. Phone: _____
5. Parents or Guardian's Name: _____
6. Number of family members residing in the household: _____
7. High School attending: _____
8. University or college (2 or 4 year) or Trade Association for which applicant's scholarship is requested and subject area applicant plans to pursue:

NAME OF INSTITUTION

PROPOSED COURSE OF STUDY

9. Specify any CAPWI or other low-income services your family has received. Please check the corresponding box for the service(s) received:

Head Start or Early Head Start	
WIC (Women, Infants and Children)	
Energy Assistance Program	
Weatherization	
Employment & Training/WorkOne	
Rental Housing or Section 8	
Childcare Vouchers	
Owner Occupied Rehab	
Housing Loan Program	
Senior Services-MAC Van, Homemakers, Senior Center	
Small Business Loan	
Individual Development Account	
Homeownership Education and Counseling	
Indiana Foreclosure Prevention Network	
TANF	
Hoosier Healthwise/Medicaid/Medicare	
Other: please specify	

10. Any special considerations and/or extenuating circumstances related to family income (i.e. large medical expenses, loss of job, loss of income, etc.), and/or family structure or situations (i.e. single parent family, loss of a parent(s), additional family members, etc.):

11. Extra-curricular activities (limited to 5):

1. _____

2. _____

3. _____

4. _____

5. _____

12. Community Volunteerism and Service (limited to 5):

1. _____

2. _____

3. _____

4. _____

5. _____

Signatures below verifies the above information is true and accurate to the best of your knowledge and also serves as consent for release of photographs and information about the applicant which may be used in publications such as the agencies annual report, newsletters and local newspapers should the applicant be awarded this scholarship.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____