

COSI MATCHING FUNDS SCHOLARSHIP PROGRAM
SPONSORED BY COLORADO NONPROFIT DEVELOPMENT CENTER
DBA THE COMMUNITY VOICE IN COLLABORATION WITH
STUDENTS TACKLING UNHEALTHY DECISIONS, DOLORES
COUNTY, AND THE COLORADO DEPARTMENT OF HIGHER
EDUCATION

SCHOLARSHIP APPLICATION 2020

Applicants must meet the following minimum requirements to be eligible for consideration:

- Applicant must be a graduate of Dolores County Colorado High School.
- Applicant must have maintained a 3.25 GPA for the duration of high school.
- Applicant must be able to provide proof of Colorado residency if selected.
- Applicant must be attending one of the following types of Colorado educational institutions and be able to provide proof of enrollment if selected:
 - Public Vocational School
 - Community College
 - Four-year Institution of Higher Education
 - Research Institution
- If selected, applicant will participate in either a Colorado Opportunity Scholarship Initiative (COSI) funded Community Partner Program (CPP) if available at the institution or an institutionally-funded rigor based student support program such as TRiO Student Support Services (SSS).

COSI was signed into law on June 6, 2014 and is a program “created to address the Colorado Paradox.” (<https://highered.colorado.gov/about>) A student support program is defined as, “a program that is at [the scholarship recipient’s] college and provides case management, keeps students accountable, and helps them with anything college related like financial aid, enrollment, etc.”

- As required by the State of Colorado, applicant must provide a Social Security Number if selected.
- Applicant must be able to provide proof of household income via either the Free Application for Federal Student Aid (FAFSA) or the Colorado Application for State Financial Aid (CASFA). Only those applicants that have a household income between 0 and 250% of the maximum permissible income for the purpose of determining eligibility for PELL grants will be considered for this scholarship opportunity. To determine income eligibility, students must either fill out the FAFSA or the CASFA to determine

an expected family contribution (EFC). Applicants' EFC must be between \$0-\$13,940 to qualify for this scholarship program.

- Applicant must be willing to sign a Federal Family Educational Rights and Privacy Act (FERPA) release provided by COSI if selected as a scholarship recipient. The FERPA release will allow The Community Voice, Students Tackling Unhealthy Decisions, Dolores County, and COSI to access to the applicant's educational records. The Community Voice will collect and maintain this data for a period of ten years.

Four (4) students will be selected for a scholarship in the amount of \$500.00 per semester, or \$1,000.00 per year, for one (1) year. To be eligible for consideration, individuals must complete the application below and mail both the application and supplemental documents to Ronda Lancaster via either email or physical mail:

Email:

rlancaster@coloradotrust.org

Physical Mail:

P.O. Box 512/115 S Guyrene
Attn: Ronda Lancaster
Dove Creek, Colorado 81324

Applications must be received by 5:00pm on December 11, 2020. For those applications submitted via physical mail, materials must be received by the selection committee by 5:00pm on December 11, 2020. Applications post-marked by December 11, 2020, but received after December 11, 2020 will not be accepted.

Selected candidates will be notified no later than January 6, 2021.

Questions about this application or process can be directed to Ronda Lancaster at either rlancaster@coloradotrust.org or 970-739-0073.

Non-Discrimination Statement: Colorado Nonprofit Development Center dba The Community Voice does not discriminate against applicants based on race, color, national origin, ancestry, creed, religion, sex, age, disability, veteran status, citizenship, marital status, gender expression, sexual orientation, or any other characteristic protected by state or federal law.

Application:

Personal Information

Applicant: Last Name _____ First Name _____

Address: _____

Email Address: _____

Phone Number: _____

Date of Graduation: _____ Graduating High School: _____

Date of Birth: _____

Conflict of Interest Declaration: To your knowledge, do you have a conflict of interest with any employee or board member of Colorado Nonprofit Development Center dba The Community Voice, Students Tackling Unhealthy Decisions, or Dolores County? Conflict of interest is defined as a pre-existing family, business or financial relationship with an employee or board member at these organizations.

Yes

No

If yes, please explain: _____

Educational Information

High School GPA: _____

High School Counselor Name: _____

Counselor Report

Please provide a transcript report from your high school Counselor as an attachment with completed application.

Higher Educational Institution

List the higher educational institution you plan to attend or are attending.

Community Service Projects

Please provide a list of community service projects you have participated in and the number of hours for each activity. You may either list service projects below or attach them on a separate sheet of paper to this application.

Project	Dates of Service	Hours Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience

Please describe any current or past work experience, including dates of employment. You may either list work experiences below or attach them on a separate sheet of paper to this application.

Employer/Company Name	Dates Worked	Job Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Essay

Using one of your leadership roles, extracurricular activities, or life experiences, complete an essay explaining what that activity meant to you and how it has enhanced and/or changed your life. Essay should not exceed 500 words. Please type on a plain sheet of paper and attach to this application.

Please continue to next page.

I certify that all information provided in this application is true and correct. I understand that I must provide the following information to Students Tackling Unhealthy Decisions, Dolores County, Colorado Nonprofit Development Center dba The Community Voice, and the Colorado Department of Higher Education should I be selected to receive scholarship funds:

- Social Security Number (as required by the State of Colorado)
- Proof of Colorado residency (Driver's License or other form of ID)
- Proof of acceptance at a Colorado education institution (Public Vocational School, Community College, Four-year Institution of Higher Education, Research Institution)
- Proof of household income. (Only those applicants that have a household income between 0 and 250% of the maximum permissible income for the purpose of determining eligibility for PELL grants will be considered for this scholarship opportunity.)
- FERPA Release Form (provided by the State of Colorado upon selection)
- I understand The Community Voice will support me in enrolling in a student success program at my educational institution.

Further, I understand that if I am selected as a scholarship recipient, my personal information including legal name, date of birth, social security number, proof of household income, etc. will be shared with the State of Colorado, the Colorado Department of Higher Education, Students Tackling Unhealthy Decisions, Dolores County, and Colorado Nonprofit Development Center dba The Community Voice.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicant is under 18)

Date

Typed Name of Parent/Guardian (if applicant is under 18)