

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

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. A scholarship will only be awarded in CAPWI's six county service area: Benton, Fountain, Montgomery, Parke, Vermillion, and Warren.
2. One scholarship will be awarded per year.
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. The scholarship will be provided for 4 year, 2 year, or Trade Association degrees to graduating seniors.
5. Within reasonable limits, the recipient will have the right to select the school of his/her choice as long as it is an accredited school or university.
6. The scholarship will be \$1,000 for each year the recipient attends higher education up to a maximum of 4 years.
 - a) The recipient must be enrolled for a minimum of 12 credit hours or full-time equivalency.
 - b) The recipient 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 to prevent jeopardizing 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, age, color, sex, religion, disability, national origin, ancestry, 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. The scholarship recipient will be asked to attend the CAPWI Annual Meeting held in the spring of each year. Photographs and information about the recipient 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 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 and be no more than 250 words.
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.
8. All completed applications (including required documents) must be submitted to:

Community Action Program, Inc. of Western Indiana
Attn: Julie Pettit
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. Extracurricular activities (no more than 5 activities) 0-2 points
4. Special considerations/extenuating circumstances 0-4 points
5. Community volunteerism and services (no more than 5 activities) 0-2 points
6. High School GPA:
 - 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

JOAN E. CLINE MEMORIAL SCHOLARSHIP

Application Form

1. Name: _____
2. Address: _____
3. City: _____ County: _____
4. Phone: _____
5. Parent's or Guardian's Name(s): _____
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 | |
| Childcare Vouchers | |
| WIC (Women, Infants, and Children) | |
| Energy Assistance Program | |
| Weatherization | |
| Rental Housing or Section 8 | |
| Owner Occupied Rehab | |
| Housing Loan Program | |
| Senior Services-MAC Van, Homemakers, Senior Center | |
| Small Business Loan | |
| Individual Development Account | |
| Homeownership Education and Counseling | |
| Foreclosure Counseling | |
| TANF | |
| SNAP | |
| Healthy Indiana Plan (HIP)/Hoosier Healthwise/Medicaid/Medicare | |
| Employment & Training/WorkOne | |
| Other (please specify): | |

10. 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. Extracurricular activities (limited to 5):

1. _____
2. _____
3. _____
4. _____
5. _____

12. Community volunteerism and services (limited to 5):

1. _____
2. _____
3. _____
4. _____
5. _____

Signatures below verify 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: _____