



CSBG Scholarship Program

Basic Scholarship Requirements:

- Applicants must demonstrate leadership through academic achievements and community activities
- Recipients must be enrolled or have been accepted in an undergraduate or graduate program for the preceding fall semester, at an accredited 2-yr or 4-yr college/university or technical school in the U.S.

Each Scholarship Recipient Will Receive:

- A one-time scholarship in the amount of \$400
- Recognition in local newspaper

Application Must Include:

- Application
- A 200-word essay describing your attributes, accomplishments, and priorities
- One letter of recommendation from a faculty, teacher, mentor, advisor, counselor, principal, friend, or classmate
- Copy of transcript/High School Diploma/GED
- Proof of income for the household (must be at or below 125% FPL)
- Social security cards for all members of the house
- Proof of 911 address

Application Submission Process:

- Complete the Application Form and attach your essay, letter of recommendation, official transcript(s) and photo.
- Documents must be mailed and postmarked by March 31, 2017

Selection Process:

- Applicants **WILL NOT** have the opportunity to submit materials that are missing.
- Applicants selected as scholarship recipients will be notified, by April 21, 2017.
- Please do not call the office during the review period to check on the status of your application.

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CSBG Scholarship Application

Thank you for taking the time to apply for a Gateway Community Action CSBG Scholarship Application. To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow all instructions.

Once completed, please submit all your information to Gateway Community Action as follows:

By Mail: Gateway Community Action
C/O Rebecca Allen
PO Box 367
West Liberty, KY 41472

1. Applicants Full Name: _____
Last Name First Name Middle Initial
2. Applicant's Complete Address:

Street Address

City State Postal Zip Code

County of Residence Phone Number Email Address
3. Date to graduate from high school: _____ Date obtained GED: _____
4. Date to enter college or technical school: _____
5. Are you entering: ___2 year program ___4 year program
6. Name of college/technical school (currently attending or applying to) and proof of means to verify _____
7. What will be your area of interest: _____

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8. List the name of your reference. (Include actual reference letter as attachment, maximum 1 page, single-spaced, 12-point type, Times New Roman): _____

9. Income for the household:

Name of Member	Type of income	Gross amount per check	Paid bi-weekly, bi-monthly, weekly

10. List any programs in which you have participated in through Gateway Community Action:

Head Start WIA Health Marriage/Fatherhood
 LIHEAP CSBG

Signature of Applicant

Date





Photo and Information Release Form

I grant permission to use my photograph in print or online materials designed for news, informational or educational purposes related to Gateway Community Services Organization, Inc.

Publish my Name as shown: _____

Do not publish my name but use an anonymous name.

Publish my Photo.

Do not publish my Photo.

Publish my story of success.

Do not publish my story of success.

Other: _____

Understand that this information will be available to the public through newspapers, printed Annual Report, brochures, World Wide Web, etc.

Print Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____

If under the age of 18 require parent/guardian signature of consent.

Parent or guardian Signature: _____

