

MUSKINGUM ECONOMIC OPPORTUNITY ACTION GROUP, INC  
(M.E.O.A.G. INC)  
COMMUNITY ACTION AGENCY OF MUSKINGUM COUNTY  
SCHOLARSHIP FUND

Mission Statement:

The mission of the M.E.O.A.G. Inc Scholarship Fund is to provide financial assistance to students who a) are residents of Muskingum County, b) want to attend institutions of higher education, but c) lack the required resources.

Purposes:

To enable students to attend an accredited institution of higher education through the awarding of scholarship assistance up to One Thousand Dollars (\$1000.00)

To increase participation rates of the M.E.O.A.G. Inc service area students who attend institutions of higher education.

Eligibility Criteria:

To be eligible, an applicant must:

- Be a resident of Muskingum County service area for at least one year prior to the application deadline,
- Reside in a household with a total annual income at or below 200% of the federal poverty guidelines,  
(Included with application)
- Have obtained or will obtain a high school degree or GED,
- Have proof of acceptance by an accredited 2-year or 4-year institution of higher education.
- Preference will be given to applicants planning to attend a College or University located in Ohio's Appalachian area.
- Preference will be given to applicants that also apply for the David V. Stivision Appalachian Scholarship through The Corporation for Ohio Appalachian Development (COAD). Please check with your Guidance Counselor for an application or they may be picked up at the M.E.O.A.G Inc located at 828 Lee Street Zanesville, Ohio.

- Submit completed application and documentation by May 1, 2021 to be considered for funding for the academic year beginning in September of that year.
- Employees and Board members of M.E.O.A.G. Inc and their immediate family are ineligible.

Application Procedures:

Eligible applicants will be required to submit a completed application form provided by M.E.O.A.G. Inc according to the instructions given. Applications will be solicited from area high schools located in Muskingum County. Non-traditional students may apply directly to M.E.O.A.G. Inc.

Applicants not selected may re-apply the following year if all other eligibility criteria have been met. Applicants who are awarded first-year scholarship assistance may apply for additional years of scholarship assistance. However, no such assistance is guaranteed.

Further Information:

For further information about the M.E.O.A.G. Inc Scholarship Fund, please contact:

Steve Wilson, Executive Director  
M.E.O.A.G. Inc  
Community Action Agency of Muskingum County  
828 Lee Street  
Zanesville, Ohio 43701  
740-453-5703 Ext: 101  
E-mail address is: [steve\\_meoag@midohio.twcbc.com](mailto:steve_meoag@midohio.twcbc.com)

**Muskingum Economic Opportunity Action Group, Inc**  
**M.E.O.A.G. Inc**  
**Scholarship Fund**

**APPLICATION FOR FINANCIAL ASSISTANCE**

You must submit the following material:

1. **Household Income Statement and Verification:** Please complete and submit the financial information statement attached. This form must be signed by your parent or legal guardian. Non-traditional students must complete and sign this form.
2. **Application Form:** Please note the application must be signed by you and your parent/legal guardian (unless you are a non-traditional student).
3. **Counselor/Principal Evaluation Form:** Remind your counselor that a transcript must accompany this application.

**REMEMBER** All information must be submitted (postmarked) to M.E.O.A.G. Inc 828 Lee Street Zanesville, Ohio 43701 by May 1, 2021 to be considered.

Please type or print

**General Information**

<b>General Information</b>			
Full Name: _____		Sex: _____	
Last	First	Middle Initial	Male or Female
Address: _____		Ohio _____	
Number & Street/Route/Box #	City	Zip Code	Telephone # Inc Area Code
Date of Birth: _____	Marital Status: _____		Social Security Number: _____
High School Attended: _____		Graduation Date: _____	
Parent or Guardian's Full Name: _____			
Last	First	Middle Initial	
Name and Address of College or University you plan to attend: _____			
Planned major field of study: _____			

**List jobs you have held:**

Attach additional pages as necessary:

Job Title	Employer	Employment Dates	Hrs per week

**List Activities/Organizations in which you have participated during High School:**


**APPLICATION FOR FINANCIAL ASSISTANCE – Part 2**

**List any honors or awards you received during high school:**

---

---

**List all other financial assistance you have received or for which you have applied for the next academic year:**

Type/ Name of Assistance	Date Applied	Date Awarded	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Please explain any special circumstances the Scholarship Selection Committee should take into consideration:**

---

---

---

---

**Briefly explain your reasons for seeking a college education and the goals you have set for your future:**

---

---

---

---

---

I confirm the information on this application is accurate and complete to the best of my knowledge. I understand that incomplete documentation or failure to submit all required forms listed in the instructions will disqualify the application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the Applicant's parent or guardian, I confirm that the Applicant has my permission to apply to the M.E.O.A.G. Inc Scholarship Fund.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# M.E.O.A.G. Inc Scholarship Fund

## COUNSELOR/PRINCIPAL EVALUATION FORM

(To be completed by school personnel)

Student's Full Name: \_\_\_\_\_

**This information should reflect the student's status at the conclusion of the most recent grading period of the senior year:**

Grade Point Average: \_\_\_\_\_ of a possible \_\_\_\_\_ point      Rank in class \_\_\_\_\_

ACT composite score \_\_\_\_\_ or SAT scores: \_\_\_\_\_

**The following information should reflect your personal observation of the student:**

Please rate this student as to his/her overall effort exhibited during the school year:

Outstanding \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_

Please rate this student as to his/her inclination to succeed in post secondary education:

Outstanding \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_

Please rate this student as to his/her character:

Outstanding \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_

Based on your knowledge of this student, please indicate your perception of his/her need for financial assistance:

Definite Need \_\_\_\_\_ Possible Need \_\_\_\_\_ Questionable Need \_\_\_\_\_

**Please use the space provided for additional remarks and/or to explain any special Circumstances the Scholarship Selection Committee should take into consideration:**

---

---

---

---

---

**PLEASE REMEMBER TO ATTACH A TRANSCRIPT OF GRADES TO THIS FORM:**

\_\_\_\_\_  
Signature of Counselor/Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# M.E.O.A.G. Inc Scholarship Fund

## HOUSEHOLD INCOME STATEMENT AND VERIFICATION

Instructions: This form is to be completed by the applicant's parent or legal guardian unless the applicant is a non-traditional student, in which case the form is to be completed by the applicant. In either case, this form must be completed and submitted with the other application information.

To be eligible for this scholarship, the applicant must reside in a household with a total annual income at or below 200% of the current federal poverty guidelines.

Full Name: \_\_\_\_\_ Please check if a traditional \_\_\_\_\_ or non-traditional student \_\_\_\_\_. ( Check only one )

Parent \_\_\_\_\_ or Guardian's \_\_\_\_\_ Full Name ( if traditional student ): \_\_\_\_\_  
( check only one )

### Gross Household Income Information:

List all persons who have lived in the household during the last calendar year and identify all sources and gross amounts of income for that calendar year. All sources of income is defined as including, but not limited to Social Security benefits, Veterans benefits, Alimony, Child Support, Interest, State Unemployment benefits, Worker Compensation benefits, Strike benefits, Public Assistance cash benefits, Wages and Tips. All sources of income must be documented and copies of the documentation must be attached to this form and submitted with the application. Examples of acceptable documentation include tax returns, benefit notification letters, pay stubs, etc.

Full Name	Birth Date	Source of Income	# of Mos. Recd	12 Month Total
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**TOTAL ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_**

I certify that the total annual household income shown above is complete and accurate. Also, I verify that all statements and items of documentation submitted on and with this form are true, correct and complete and I realize that I may be held liable under Federal and State laws for making any knowingly false or fraudulent statements.

\_\_\_\_\_  
Signature of Parent, Guardian or Non-Traditional Student

\_\_\_\_\_  
Date

**United States Department of Health and Human Services  
2021 Federal Poverty Guidelines for Ohio  
As published in the Federal Register January 13, 2021**

**“Gross Annual Household Income” means all money received by all persons living in the household, including Social Security benefits, Veterans benefits, Alimony, Child Support, Interest income, Unemployment benefits, Workers Compensation benefits, Strike benefits, Cash Public Assistance benefits, Wages and Tips.**

**GROSS ANNUAL HOSEHOLD INCOME GUIDELINES**

<b># of persons in the household</b>	<b>200% of Poverty (Scholarship Guidelines)</b>
<b>1</b>	<b>\$25,760</b>
<b>2</b>	<b>\$34,840</b>
<b>3</b>	<b>\$43,920</b>
<b>4</b>	<b>\$53,000</b>
<b>5</b>	<b>\$62,080</b>
<b>6</b>	<b>\$71,160</b>
<b>7</b>	<b>\$80,240</b>
<b>8</b>	<b>\$89,320</b>
<b>Each additional person adds</b>	<b>\$9,080</b>

- **2020 poverty guidelines remain in effect until the Secretary of Health and Human Service (HHS) publishes updated guidelines.**