



**BLUE GRASS COMMUNITY ACTION PARTNERSHIP
COMMUNITY SERVICES SCHOLARSHIP**

The Blue Grass Community Action Partnership is offering a \$750 scholarship to provide financial assistance to persons from Anderson, Boyle, Franklin, Garrard, Jessamine, Lincoln, Mercer, Scott, and Woodford Counties. The below guidelines will be followed:

1. The applicant must meet the income guidelines for the Community Service Block Grant program (125%).
2. Recipients will be selected on the basis of need, academic record, and the merits of their applications. The recipients will be selected by a panel of Blue Grass Community Action Partnership Staff, Board Members and the Executive Director.
3. Recipients may be introduced to the Area Board of Directors of the Blue Grass Community Action Partnership.
4. Recipients of the award must maintain contact with the local Community Developer for two equivalent semesters after the scholarship is awarded.
7. Application forms may be requested from the local Community Action office or the guidance counselors at each area high school. Applicants must reside in the county where the application is filed.
8. Applications should be submitted to the local Blue Grass Community Action Partnership Office by **April 30, 2017.**
(Incomplete applications will not be considered.)

*The scholarship is a one-time award.

THE BLUE GRASS COMMUNITY ACTION PARTNERSHIP DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.

THIS PROJECT IS FUNDED, IN PART, UNDER A CONTRACT WITH THE CABINET FOR HEALTH AND FAMILY SERVICES WITH FUNDS FROM THE COMMUNITY SERVICES BLOCK GRANT ACT OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

BLUE GRASS COMMUNITY ACTION PARTNERSHIP

SCHOLARSHIP APPLICATION
-----2017-2018 ACADEMIC YEAR-----

1. Applicant's name: _____

Address: _____

City State Zip

Date of Birth: _____

Social Security #: _____

2. Applicant's choice of college, university, or technical school for the 16-17 academic Year:

3. Parent Information:

Father: _____

Mother: _____

Address: _____

City State ZIP

4. Total number in applicant's household: _____

5. Total **monthly** income in applicant's household: \$ _____

Source of this income: _____

6. Applicant's proposed major/focus: _____

7. **(This section MUST be completed by Guidance Counselor if Applicant is a current student.)**

Current grade point average: _____

Signature of Guidance Counselor Date

8. **Write, and attach hereto, a brief paragraph concerning your desire for continuing your education, your career plans, as well as any special recognition and honors you have received.**

9. **Attach two letters of recommendation (one from a teacher and the other from a non-relative).**

Date

Signature of Applicant

Telephone # of Applicant