



Scholarship Program

Coalfield Community Action Partnership, in keeping with our vision, is offering a scholarship opportunity in the amount of \$1,000 to a 2026 graduate of a Mingo County public High School and a McDowell County public High School.

For Applicant to complete:

Date of Application: ____/____/____

Applicant Name: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____

Address: _____
(Street/P.O. Box)

(City) (State) (Zip)

Phone: _____

For High School Guidance Counselor to complete:

High School Attending: _____

Graduation Date: ____/____/____

Name of High School Principal: _____

Name of High School Guidance Counselor: _____

Cumulative GPA: _____ ACT Score: _____ SAT Score: _____

Copy of High School Transcript Attached (circle one): YES NO

Guidance Counselor's Signature: _____
(Signature) Date Telephone Number

Personal Data: (List all school activities and community activities you participated in, and the timeframes of those activities. List any awards or special honors)

Please check any of the following that may apply:

- ☐ I attended Head Start (if checked, list location below)
- _____
- ☐ I (or someone in my family) has received services from Coalfield CAP (describe below)
- _____
- ☐ I have volunteered my time to help those in need (describe below)
- _____

Describe your knowledge of Coalfield Community Action Partnership and our impact on the community:

What school/college do you plan to attend? _____

List any other scholarships you anticipate receiving:

What are your plans after graduating college?

Please attach a brief essay (up to 500 words) explaining why you feel this scholarship should be awarded to you and how you plan to serve your community.

Please attach a reference from your Guidance Counselor and two (2) additional references from non-family members.

Applications that have been assisted with AI will be negatively impacted on scoring.

In submitting this application, I certify that all information provided is complete and accurate to the best of my knowledge. Falsification of information will result in disqualification. I authorize Coalfield Community Action Partnership, Inc., to verify all information contained in this application. Any institution, agency, or individual may release this information to Coalfield Community Action Partnership, Inc., for verification purposes.

Applicant's Signature

____/____/____
Date

Parent or Legal Guardian's Signature

____/____/____
Date

A complete application (with attachments) must be received by 4pm on April 2, 2026 at:

Mail to:

Coalfield CAP
Attn: Scholarship Program
P.O. Box 1406
Williamson, WV 25661

Deliver to:

Coalfield CAP
Attn: Scholarship Program
1626 W. 3rd Avenue
Williamson, WV 25661

Email to:

scholarship@coalfieldcap.org

Fax to:

(304) 235-1706

Coalfield CAP Vision

Helping People. Improving Communities. Changing Lives.

Coalfield CAP Mission

Partnering to create opportunities that empower people and communities in need through education, assisted living, housing and community development.