



Scholarship Program

Coalfield Community Action Partnership, in keeping with our vision, is offering a scholarship opportunity initially in the amount of \$500 to a 2022 graduate of each of Mingo County's public High Schools.

Date of Application: ___/___/___

Applicant Data:

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

Date of Birth: ___/___/___

Address: _____
(Street/P.O.)

(City) (State) (Zip)

Phone _____

School Information (to be completed by School Guidance Counselor):

High School: _____

Graduation Date: _____

Name of Principal: _____

Name of Guidance Counselor: _____

Applicant ranks _____ in a class of _____ Cumulative GPA: _____

ACT Score: _____ SAT Score: _____ Copy of High School Transcript attached: _____

Guidance Counselor's 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, name classroom 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 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.

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's or Legal Guardian's Signature	Date

A complete application (with attachments) must be received by April 4, 2022 at:

Mail to:
Coalfield CAP Scholarship Program
Box 1406
1626 West Third Avenue
Williamson, WV 25661

Email to:
coalfieldcap.org@coalfieldcap.org

Fax to:
(304) 235-1706

Coalfield CAP Vision
Helping People. Improving Communities. Changing Lives.

Coalfield CAP Mission
Partnering to create opportunities for families and communities through education, assisted living, housing and community development.