



Franklin County Children Services

Youth Scholarship Opportunities

2022

Questions? Please Contact

Chuck Cochran, College Bound Mentor Coordinator
cjcochra@fcss.us or 614-275-2598
FCCS Volunteers Department
FCCSVolunteers@fcss.us or 614-275-2690

Franklin County Children Services

Youth Scholarship Opportunities

Franklin County Children Services (FCCS) is proud to offer the following scholarship opportunities to youth involved with the agency through an open case OR a current mentee relationship with an FCCS mentor:

Jack Donahue Four-Year Scholarship (up to \$16,000.00):

The Four-Year Jack Donahue scholarship is to be used toward completion of a bachelor's degree at a four-year college or university. The award is \$4,000.00 each year on a renewable basis, details below.

Jack Donahue Two-Year Scholarship (up to \$8,000.00):

The Two-Year Jack Donahue scholarship is to be used toward completion of a two-year degree or continuing education (post high school program). The award is \$4,000.00 each year on a renewable basis, details below.

Alvin R. Hadley Four-Year Scholarship (up to \$16,000.00):

The Alvin R. Hadley scholarship is a four-year renewable scholarship, best suited for a youth working towards a four-year degree. The award is \$4,000.00 each year on a renewable basis, details below.

CME Sponsored Scholarship (\$1,000.00):

The CME Federal Credit Union Scholarship is a one-time non-renewable award of \$1,000.00 given each year to a deserving student. **At the conclusion of the scholarship award period, CME Scholarship recipients are eligible for conversion to a Merit Scholarship for renewal purposes provided they meet eligibility requirements.**

Merit Scholarships (up to \$4,000.00):

Merit scholarships are \$1000 renewable scholarships awarded each year based upon the number of eligible applicants for FCCS scholarships

How to Apply

WHAT ARE THE CRITERIA FOR SELECTION?

- A minimum of **2.0 GPA** in high school is required to apply.
- Exemplary qualities of **leadership in school; extra-curricular activities in the community.**
- Applied as a full-time, first year student in any accredited, post-secondary educational certificate/degree program e.g., a four-year university or a two-year technical college, **upon request for funds**, details below.

WHAT ARE THE AWARD CONDITIONS?

- **The recipient must agree to be matched and maintain a relationship with a College Bound Mentor through the FCCS Volunteer Department to provide support.**
- If a recipient chooses not to continue in certificate/degree program in a particular year, without communicating to the College Bound Mentor Coordinator, informing them of intention to take a gap semester or year, the scholarship award will be canceled and the unspent portion, if any, will be returned to the applicable scholarship fund.
- The recipient must start classes by the second quarter/semester of the academic year, the scholarship was awarded, or the award will be canceled, without communication that the student is taking a gap semester or year.
- The Scholarship Committee will rank order each eligible applicant at the time of selection. In the event a recipient becomes ineligible the next applicant as determined by the committee's rank order will be eligible to receive the scholarship award vacated by the prior recipient.
- The recipient will complete the Jack Donahue Scholarship Payment Request Form (given at time of award, not included in this application) and return it by mail to the address below or by e-mail to FCCSVolunteers@fcs.us by June 1st.

**Franklin County Children Services
Scholarship Committee
ATTN: Volunteers Department
855 W. Mound Street
Columbus, Ohio 43223**

CONDITIONS FOR RENEWABLE SCHOLARSHIPS

Students awarded scholarships, are eligible to reapply for payments for three consecutive years for Jack Donahue four-year, Alvin R. Hadley, and Merit Scholarships and one consecutive year for Jack Donahue two-year scholarships. Students will receive additional payments if:

- They are enrolled as a full-time student,
- Maintain a minimum 2.0 GPA
- Must maintain contact with their mentor and the collegebound coordinator
- Submit the Payment Request Form in a timely manner

The Scholarship Committee reserves the right to contact the applicant's educational institution to verify academic standing and enrollment if needed. If a recipient is denied renewal, they will no longer qualify for reapplication.

MENTORING

All scholarship recipients will be required to participate in the College Bound Mentoring Program. Students will be assigned a mentor from the FCCS Volunteer Department. The mentor will maintain contact with the student two to four times per month to maintain a consistent relationship. The mentor will serve as a support person and liaison to Franklin County Children Services Scholarship Committee.

Scholarship recipients will need to contact the admissions and financial aid offices of their college/university and authorize FCCS and their mentor access to disciplinary, academic and financial aid information. The recipient will provide the name and contact information of the individual at the college/university to the mentor and College Bound Mentoring Coordinator

The mentor will contact the Student Affairs Department to solicit information on:

- Support services at the institution
- Contact names and phone numbers
- Tutorial opportunities available to students

APPLICATION PROCEDURE

- Complete the following *Scholarship Application, including a Personal Statement* (**PART A: Pages 5-7**)
- Obtain a current high school transcript that includes proof of their GPA at time of application (**PART B: Pages 8-9**)
- Have a teacher, counselor, or administrator submit a *High School Recommendation Form* (**PART C-1: Page 10**)
- Have a second adult complete the *Applicant Recommendation Form* (**PART C-2: Page 11**)
- *Secure Parental permission, Release & Waiver of Liability* (**PART D: Pages 12-13**)
- *Complete Terms of Scholarship Agreement* (**PART E: Pages 14-15**)

Submit all documents, the *Scholarship Application, Personal Statement, High School Transcript, High School Recommendation, Applicant Recommendation, Parental Release & Waiver of Liability and Scholarship Agreement* to:

**Franklin County Children Services
Scholarship Committee
ATTN: Volunteers Department
855 W. Mound Street
Columbus, Ohio 43223
Or via email: FCCSVolunteers@fccs.us**

Applicant is responsible for seeing that all materials are postmarked and returned to the Committee on or before the deadline date. Applications which are not completed by the deadline date will not be considered. No exceptions will be made.

IMPORTANT DATES:

January 28th, 2022: Deadline for postmark/receipt of all application materials.

March 1, 2022: Notification of award recipients.

June 1, 2022: Completion and Return of the Jack Donahue Scholarship Payment Request Form

July 15, 2022: Contact Chuck Cochran at 614-275-2598 or via e-mail at cjcochra@fccs.us if payment is not received by accredited educational institution.

SCHOLARSHIP APPLICATION -PART A

(Personal Application)

Please type or print neatly, making certain that the application materials are completely filled out.

Student's Name: _____

Parent/Guardian: _____

Student's Current Residence:

Street: _____

City/State/Zip: _____

Phone: () _____

Social Worker: _____ Phone: _____

Contact Person/Individual who will be knowledgeable of student's whereabouts:

Name: _____

Street: _____

City/State/Zip: _____

Phone: () _____

List all schools you have attended in the last four years:

List the colleges, universities, or other post high school institutions to which you have formally applied.

Please indicate whether you are applying for a _____ 2-Year or a _____ 4-Year scholarship (Applicants to a four-year college are eligible for either scholarship).

Institution:	Starting Date:	Accepted:	Program Length:
1. _____		Yes / No	2-year / 4-year
2. _____		Yes / No	2-year / 4-year
3. _____		Yes / No	2-year / 4-year
4. _____		Yes / No	2-year / 4-year

Describe your planned course of study:

Describe your career objectives:

List your extracurricular activities:

Outline your work or volunteer experience (if any):

From what sources do you expect to receive funds for your education?

Other Scholarships \$ _____

Loans \$ _____

Savings \$ _____

Other \$ _____

CONSENT FOR INFORMATION RELEASE
Jack Donahue / Alvin R. Hadley / CME / Merit Scholarship Program

I hereby consent to and authorize:

Name of School or Individual with Information:

Name of School or Individual with Information:

to release the following information:

Specific Type of Information of Report to be Released:

Educational

regarding information about:

Full Name of Student:

Date of Birth:

Social Security #:

Information to be released to:

Full Name and Address of Person to Receive Information:

FCCS Scholarship Committee ATTN: Volunteers Department

Franklin County Children Services

855 W. Mound Street, Columbus, Ohio 43223

The requested information will be used for determination of eligibility to receive a scholarship award.

This CONSENT FOR INFORMATION RELEASE expires on the ____ day of _____, 20__, or as specified below:

Specify the date, event or condition after which this CONSENT is no longer valid:

I acknowledge that I have been given an opportunity to discuss this release of information and that I have received a copy of this form, I understand that the CONSENT FOR INFORMATION RELEASE expires ninety (90) days from the date it is signed unless an exception is specified above. I also understand that I may cancel this CONSENT at any time by stating so in writing with the date and my signature. This does not include any information which has been shared between the time I signed this CONSENT and the time I canceled this CONSENT in writing.

SCHOLARSHIP APPLICATION - PART C-1
High School Recommendation

Student/Applicant Name _____

To the person writing this recommendation,

This recommendation is required to be completed by a high school teacher, counselor, school administrator, coach, or principal.

You are being asked to provide information in support of the above named individual who is applying for an academic scholarship offered by the Franklin County Children Services Scholarship Committee. With a successfully completed and submitted application, the student will be eligible for up to five different scholarship opportunities.

In fairness to the applicant, we ask that you give immediate and serious attention to this recommendation. Please note the Scholarship Committee may contact you directly for additional information if necessary.

Instructions:

Please answer the below questions either in an email, or in a letter on school letterhead in a sealed envelope to the applicant, or mailed to:

Franklin County Children Services
Scholarship Committee
ATTN: FCCS Volunteers Department
855 W. Mound Street
Columbus, Ohio 43223

Vanessa Smith: FCCSVolunteers@fcss.us

- 1. What is your relationship to the applicant?**
- 2. What qualities and characteristics does the applicant have which will equip him/her for the demands of post-high school academic study?**
- 3. What three adjectives best broadly describe the applicant?**
- 4. As the Scholarship Committee reviews this application, what factors or circumstances do you feel warrant special consideration?**
- 5. Any additional comments**
- 6. Please include your:**
 - **Name**
 - **Relationship to the applicant**
 - **Mailing address**
 - **Phone number(s)**

SCHOLARSHIP APPLICATION – PART C-2
Personal Recommendation

Student/Applicant Name _____

To the person writing this recommendation,

This recommendation is required to be completed by a non-family adult who can reply from personal experience and knowledge about your character, achievements, academic ability and/or general ability.

You are being asked to provide information in support of the above named individual who is applying for an academic scholarship offered by the Franklin County Children Services Scholarship Committee. With a successfully completed and submitted application, the student will be eligible for up to five different scholarship opportunities.

In fairness to the applicant, we ask that you give immediate and serious attention to this recommendation. Please note the Scholarship Committee may contact you directly for additional information if necessary.

Instructions:

Please answer the below questions either in an email, or in a letter in a sealed envelope to the applicant, or mailed to:

Franklin County Children Services
Scholarship Committee
ATTN: FCCS Volunteers Department
855 W. Mound Street
Columbus, Ohio 43223

Vanessa Smith: FCCSVolunteers@fcs.us

- 1. What is your relationship to the applicant?**
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- 3. What three adjectives best broadly describe the applicant?**
- 4. As the Scholarship Committee reviews this application, what factors or circumstances do you feel warrant special consideration?**
- 5. Any additional comments**
- 6. Please include your:**
 - **Name**
 - **Relationship to the applicant**
 - **Mailing address**
 - **Phone number(s)**

Franklin County Children Services Volunteer Services Department
Parental Permission, Release and Waiver of Liability
(Part D)

I agree to permit my child / children _____

to be involved in activities through the Franklin County Children Services Volunteer Department. I understand that the volunteer selected to work with my child/children, will be an adult selected by the Volunteer Services Department of Franklin County Children Services. I will allow the volunteer to visit my home and to take my child/children out of my home so that he/she may engage in various activities, subject to the policies and procedures of the Volunteer Services Department. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my child's participation in this program.

Additionally, I, _____, (please print name clearly) being of lawful age, for myself, my heirs, administrators, executors, successors and assigns, do hereby fully and forever release, waive, acquit, forever discharge and covenant not to bring legal action or claim against the Board of Franklin County Children Services and the Board of County Commissioners of Franklin County, Ohio in both their official and personal capacities, their employees and servants, for any and all actions, causes of action, claims and demands of whatsoever kind or nature, which we have or may have in the future, on account of any and all known and unknown injuries, losses and damages, including any and all known and unknown claims for attorney fees, sustained by my child as the direct or indirect result of my child's participation in such activity.

Examples of some activities that a volunteer and your child might do include, but are not limited to, going to a movie, eating out, engaging in water activities, roller skating, horseback riding, and/or participating in sports such as baseball.

While the volunteer is with your child, neither the volunteer nor your child is allowed to engage in activities, which include weapons such as target practice and hunting.

I will ____ / will not ____ allow my child/children to spend the night at the home of the volunteer, or go on a weekend trip with the volunteer.

ACKNOWLEDGED AND AGREED TO this _____ day of _____, 20 ____

Signature of Parent

Signature of Witness

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CONSENT FOR INFORMATION RELEASE

This form complies with ORC 2151.421; OAC 5101:2-33-21; OAC 5122:27-08 and 09; HIPAA; and Federal Law 42CFR Part 2 Section 2.32 (a) concerning substance abuse matters. The Franklin County Children Services main office is located at 855 West Mound Street, Columbus, OH 43223. Phone (614) 275-2571.

I hereby consent to and authorize:

Name of Agency or Individual with Information:

FCCS / NYAP / PFCM SERVICE TEAMS

To release the following confidential information:**Specific Information to be Released:**

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Case file Record | <input type="checkbox"/> Employment Records | <input checked="" type="checkbox"/> Medical Records |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Drug/Alcohol Assessment/ Treatment Records | <input checked="" type="checkbox"/> Placement History |
| <input type="checkbox"/> Custody Information | <input type="checkbox"/> History of Referrals/Dispositional Letter | <input checked="" type="checkbox"/> Psychiatric/Psychological/Mental Health Evaluations/Treatment Records |
| <input type="checkbox"/> Drug Screens | <input type="checkbox"/> Home Study | <input checked="" type="checkbox"/> School Records |

 Other: CHILD INTERVIEW**Regarding care, treatment and services for:**

Full Name of Client:		Relationship of Client in file: <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Other:	Name of Minor Child's Parent / Legal Custodian:	
Date of Birth:	Last Four Digits of Social Security Number:	Telephone #:	SACWIS#:	

Information to be released to:

Agency and/or person to receive information:		Relationship to Client: <input type="checkbox"/> Caseworker <input type="checkbox"/> Self <input checked="" type="checkbox"/> Other:	
Name:	FCCS Volunteers and Mentors		
Address:	855 W. Mound Street Columbus		State: Ohio Zip Code: 43223

This requested information would be used for:

- Assessment/Compliance of Services Foster/Adoptive Applicants SSI/Child Support Other: Vol/Mentoring

Expiration of Release:

This CONSENT FOR INFORMATION RELEASE automatically expires upon case closure or 6 months from the signature date below, unless requestor exercises an option for a longer period of time.

Option to Extend:

- I hereby authorize an extension of this CONSENT FOR INFORMATION RELEASE to be valid up to 12 months from the signature date below.

I realize that this Consent may be shortened or revoked at any time by my written notice and such notice is received prior to the release of the above-designated information.

I hereby authorize the agency, treatment facility or person indicated above and/or its employees to release the designated information contained in my records. I understand and acknowledge that this authorization extends to all or part of the information designated above, which may include treatment for physical and mental illness, alcohol and/or drug treatment and/or AIDS and/ or may include results of an HIV test or the fact that an HIV test was performed. Information in the form of audio, photo or videos has been designated above under the other category, if applicable. Information released by this authorization may no longer be protected by federal privacy rules, such as HIPAA.

I further acknowledge that the information released about me may be released to Franklin County Children Services, Service Providers, the Franklin County Juvenile Court, counsel for all parties involved in the case and the Guardian Ad Litem for the purpose of determining case plan and service needs of the family and/or to determine progress and participation in services.

I acknowledge that I have been given an opportunity to discuss the release of information and that I have received a copy of this form. I acknowledge that this information may only be released with my written authorization, or as appropriate, the authorization of the parent or guardian or otherwise permitted by law. I expressly consent to the release of information designated above.

Signature of Client/Person Authorized to Consent:	Relationship to Client:	Date:
Agency Representative/Witness:	Agency Contact #:	Date:
	614-275-2598	

White: CASE RECORD

Canary: OTHER PARTY

Pink: CLIENT

A-12 (2/94; Rev. 1/11)

TERMS OF SCHOLARSHIP
AGREEMENT
PART E

1. I hereby acknowledge that I have read and understand the information contained in my application for the scholarships and agree to abide by these expectations as a condition of receiving my scholarship award.
2. I recognize the importance of having a supportive adult as I navigate my higher educational path and agree to prioritize my relationship with my assigned College Bound Mentor. I will maintain regular monthly contact with my assigned mentor to build a relationship, share information and seek guidance.
3. I am aware that the total amount of my scholarship award will be divided into two equal payments each semester based upon the total dollar amount of my scholarship award. Payment for the second portion of my scholarship award will be based upon me meeting the conditions set forth in the “**Conditions for Renewable Scholarships**” section of this scholarship application.
4. I understand that if I choose to take a course or a series of courses at an educational institution, other than the one to which I was originally admitted, or if I wish to transfer to another educational institution, I need to notify the Scholarship committee in writing in advance of applying for transfer to prevent forfeiting my scholarship. Notification can be provided via either letter or e-mail to:

Franklin County Children Services
FCCS Scholarship Committee
855 W. Mound Street, Columbus, Ohio 43223
ATTN: FCCS Volunteers Department
FCCSVolunteers@fccs.us

5. I understand that if I withdraw or am dismissed from my educational institution for any reason, I must notify the Scholarship Committee in writing at the time of withdrawal or dismissal at the address or e-mail address above.
6. I understand that if my withdraw was for reasons other than disciplinary or academic probation including failing to maintain a 2.0 GPA, I am eligible to reapply for my scholarship upon acceptance at an accredited school, if my application is made within one year from my date of withdraw. Renewal is not guaranteed.
7. I agree to provide a contact person at my accredited educational institution to the FCCS Scholarship Committee and my College Bound mentor for the purposes of sharing information regarding my academic progress and identifying campus supports to ensure my success.
8. I understand that as a recipient of this scholarship it is my responsibility to notify the FCCS Scholarship committee of any changes to my address, e-mail or phone number so I can be reached by the committee if needed and receive renewal materials each year of my attendance.
9. I understand that renewal of my scholarship is not guaranteed and that I must continue to meet the requirements for renewal including maintaining a 2.0 GPA and being a student in good standing at my accredited educational institution.
10. I agree to submit my acceptance letter and the completed Scholarship Payment Request Form by **June 1st** of the calendar year or in the event of unexpected barriers reach out to my mentor or the College Bound Mentoring Coordinator Chuck Cochran 614-275-2598 cjcochra@fccs.us to discuss the barriers and determine a solution.

Signature of Applicant