



FRANKLIN COUNTY CHILDREN SERVICES

Protecting Children by Strengthening Families

Scholarship Application

2025

Two ways of completing this Form:

1. Complete Electronically

Ensure you save the application after completing and email to

FCCSVolunteers@fcs.us

2. Print and Complete

Email to: FCCSVolunteers@fcs.us

Or Mail:

Franklin County Children Services

ATTN: Scholarship Committee

855 W Mound Street

Columbus, Ohio 43223

Questions?
Contact:

Chuck Cochran,
College Bound Mentor Coordinator
cjcochra@fcs.us / 614-275-2598

or

FCCS Volunteers Department
FCCSVolunteers@fcs.us or 614-275-2690

SCHOLARSHIP APPLICATION -PART A-1
(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/Email: _____

Caseworker: _____ Phone: _____

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

Name: _____

Email: _____

Street: _____

City/State/Zip: _____

Phone: _____

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

SCHOLARSHIP APPLICATION -PART A-2

List the colleges, universities, trade, technical, vocational or on job training programs 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 Name:

Accepted? (If yes, Date):

Program Length:

		Yes		No	2-year.	4-year
1.		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe your planned course of study or training:

Describe your career objectives:

List your extracurricular activities, strengths, and talents:

Outline your work or volunteer experience (if any):

SCHOLARSHIP APPLICATION -PART A- 3

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

Other Scholarships \$ _____ Loans \$ _____
Savings \$ _____ Other \$ _____

Youth Personal Statement

In your own words, provide a personal statement or video describing your background, strengths, talents and accomplishments, future plans and the reason you are seeking this scholarship. Student may also submit a video answer to fccsvolunteers@fccs.us

Is there any additional information that you would like to be considered?

Please initial the following statements:

All of the information provided on this form is accurate to the best of my knowledge.

Initial:

I do intend to be a full-time student or trainee.

Initial:

If the FCCS Youth Scholarship Committee needs my financial aid information from the institution I plan to attend, I hereby authorize said institution to send this information to the Scholarship Committee.

Initial:

Student Signature:

(Date)

Parent's or Guardian's Signature

TERMS OF SCHOLARSHIP AGREEMENT - PART B

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, trade or technical institution, other than the one to which I was originally admitted, or if I wish to transfer to another educational, trade or technical 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 I must start classes/ training no later than second semester or January 31st of the next calendar year from the original year of the award (unless I notify the College Bound Mentoring Coordinator of a gap period) or forfeit my scholarship.
6. I understand that if I withdraw or am dismissed from my educational, trade or technical 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.
7. 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 educational, trade or technical institution, if my application is made within one year from my date of withdraw. Renewal is not guaranteed.
8. I agree to provide a contact person at my accredited educational, trade or technical institution to the FCCS Scholarship Committee and the College Bound Mentoring Program Coordinator for the purposes of sharing information regarding my progress and identifying supports to ensure my success.
9. 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.
10. 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, trade or technical institution.
11. 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.
12. I understand that the Stipend Option is **only** available to me in the event I chose to attend a non-accredited, for-profit, or technical/ trade program (without fees).
13. I Understand that in the event I chose to transfer to an accredited college/ university or trade/technical school program the stipend option will cease, and any remaining scholarship funds will be sent directly to the new institution to cover eligible expenses.

Signature of Applicant: _____

Date: _____

FRANKLIN COUNTY CHILDREN SERVICES VOLUNTEER SERVICES
DEPARTMENT PARENTAL PERMISSION, RELEASE AND
WAIVER OF LIABILITY - PART C-1

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
FCCS YOUTH SCHOLARSHIP PROGRAMS - PART C- 2

I hereby consent to and authorize:

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.

Signature: _____

Date: _____