Montgomery County Ohio College Promise Program Application Directions

Due November 15, 2020

Please keep directions for your records.

Montgomery County Ohio College Promise Applicants Must:
- Be currently enrolled in school as an eighth grader and plan to attend a high school in Montgomery County that participates in the Dayton-Montgomery County Scholarship Program
- Demonstrate a financial need
- Attend school regularly
- Have earned satisfactory grades
- Be committed to doing their best

Montgomery County Ohio College Promise Scholars Must:
- Come prepared to their weekly meetings with an assigned mentor
- Maintain good grades and a strong record of school attendance
- Stay Alcohol, Tobacco, Drug, and Crime Free
- Participate in school co-curricular or extra-curricular activities and/or community/faith based service activities
- Attend any at-large programs or activities sponsored by the Montgomery County Ohio College Promise program
- Practice Good Citizenship
- Maintain a financial need
- Attain a High School Diploma with a grade point average (GPA) and test scores high enough to meet the entrance requirements of Central State University, Denison University, Kettering College, Miami University, Miami University Regionals, Ohio Northern University, Ohio University,
Sinclair College, University of Dayton, Wittenberg University, Wright State University, Xavier University, or other 4-year university partners.

**Montgomery County Ohio College Promise Scholars Receive:**

**A Mentor**
An Adult Mentor will be assigned to each scholar. Mentors will assist and encourage the scholar to reach their full potential. The mentor and the scholar will meet weekly during the school day at the scholar’s school.

**A Scholarship**
A full 3-year tuition, fees, and books scholarship to Sinclair Community College or the Miami Regionals and the opportunity to earn a 2-year tuition, fees, books and residency scholarship to Central State University, Miami University, Wittenberg University, or Wright State University or an opportunity (on a limited basis) to earn a 4-year scholarship to a partner college or university.

The program purpose is that students will be able to attend a partner college or university debt free or with limited debt. Students and college/university partners begin finalizing decisions about college choice during the student’s senior year of high school.

**Directions:**
All sections of the application must be completed and postmarked by **November 15, 2020**. Applications and attachments must be mailed or hand delivered (only the recommendation pages can be emailed). Mail or hand deliver the completed applications and all attachments to:

Montgomery County Ohio College Promise  
1401 S. Main Street, Suite 100  
Dayton, Ohio 45409

Students who are selected as finalists and their parent(s)/guardian(s) will be required to attend an interview with the selection committee in January.

Please call the Montgomery County Ohio College Promise office at 937-225-9922 or 937-225-9957 if you have any questions.

You can also visit [www.mcocp.org](http://www.mcocp.org) or e-mail pgill@mcocp.org or jguanciale@mcocp.org for more information.
Income Eligibility Guidelines for 2020-21

To be eligible for the College Promise Scholarship you household income must fall below the amounts shown on the following chart:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,606</td>
<td>1,968</td>
<td>984</td>
<td>908</td>
<td>454</td>
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<td>2</td>
<td>31,894</td>
<td>2,658</td>
<td>1,329</td>
<td>1,227</td>
<td>614</td>
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<tr>
<td>3</td>
<td>40,182</td>
<td>3,349</td>
<td>1,675</td>
<td>1,546</td>
<td>773</td>
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<tr>
<td>4</td>
<td>48,470</td>
<td>4,040</td>
<td>2,020</td>
<td>1,865</td>
<td>933</td>
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<tr>
<td>5</td>
<td>56,758</td>
<td>4,730</td>
<td>2,365</td>
<td>2,183</td>
<td>1,092</td>
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<tr>
<td>6</td>
<td>65,046</td>
<td>5,421</td>
<td>2,711</td>
<td>2,502</td>
<td>1,251</td>
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<tr>
<td>7</td>
<td>73,334</td>
<td>6,112</td>
<td>3,056</td>
<td>2,821</td>
<td>1,411</td>
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<tr>
<td>8</td>
<td>81,622</td>
<td>6,802</td>
<td>3,401</td>
<td>3,140</td>
<td>1,570</td>
</tr>
</tbody>
</table>

For each additional family member, add 8,288

691

346

319

160

*Income Eligibility Guidelines Provided by the United States Department of Agriculture Food and Nutrition Service
College Promise Application Checklist

Please review each section and ensure you have attached all the necessary documentation before mailing in your application. Late or incomplete applications will not be considered.

✓ **Section 1: Student Information** (p. 1)

✓ **Section 2: Parent/Guardian Information** (p. 10)

**ATTACHMENTS**
Please ensure that you have provided all the necessary attachments:

✓ **Student Information**
  (If you have difficulty obtaining these records, please contact your child’s guidance counselor or the principal’s office staff)
  o 6th and 7th Grade Report Cards (grades and attendance records)
  o 5th, 6th, and 7th AIR Testing Results
  o Achievement and Ability test results (if available)

✓ **Responsibilities Contracts**
  o Signed Student Responsibilities Contract
  o Signed Parents/Guardians Responsibilities Contract

✓ **Letters of Recommendation**
  o Teacher Recommendation Form
  o Additional Recommendation Form

✓ **Employment Verification**
  (If a one parent/guardian household, only attach one form)
  o Employment Verification Form (parent/guardian 1)
  o Employment Verification Form (parent/guardian 2)

✓ **Income Information**
  Attach to your application all of the following to establish proof of income for everyone in your household over the age of 18:
  o A copy of all 2019 Federal Income Tax Returns filed by any members of your household
  o Proof of SNAP (food stamp) eligibility for anyone in your household
  o Child Support Statements for anyone in your household
  o Proof of eligibility for TANF Funds for anyone in your household
  o Unemployment Benefits Statements for anyone in your household
  o Proof of Disability or Survivor Benefits for anyone in your household
  o Any other items which can be used to verify your household’s income
Montgomery County Ohio College Promise Program Application

Name: _____________________________________________________________

Current School of Attendance: ________________________________________

Guidance Counselor Name: ___________________________________________

Guidance Counselor Phone: ___________________________________________

Guidance Counselor Email: ___________________________________________

Date Submitted: ______/_______/_______
SECTION 1: STUDENT INFORMATION

Personal Information

Student Name: _________________________________________________

                    First       Middle       Last

Date of Birth _______/_________/________

Address ________________________________ Apartment # ___________

__________________________________________________________________________

City                      Zip

Are you a U.S. Citizen? Yes ☐ No ☐ What is your race? __________________________

Is English your first language? ☐ Yes ☐ No ☐ If not, what is? ______________________

Do you speak any other languages? ☐ Yes ☐ No ☐

If yes, what other languages? ____________________________________________

If selected for an interview, will you/parent/guardian need a translator? Yes ☐ No ☐

If yes, what language? ____________________________________________________

Have you ever been suspended (in school or out of school) or expelled from school? ☐ Yes ☐ No

__________________________________________________________________________

__________________________________________________________________________

Have you ever been arrested? ☐ Yes ☐ No

If yes, please explain: _____________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Household Information

Mother __________________________________________________________

First MI Last

Date of Birth _____/_____/_____

Last grade Completed in School ____________

Attended College  ☐ Yes ☐ No

Graduated from College  ☐ Yes ☐ No

Father __________________________________________________________

First MI Last

Date of Birth _____/_____/_____

Last grade Completed in School ____________

Attended College  ☐ Yes ☐ No

Graduated from College  ☐ Yes ☐ No

Name of Guardian (if different from above) ___________________________________

First MI Last

Date of Birth _____/_____/_____

Last grade Completed in School ____________

Attended College  ☐ Yes ☐ No

Graduated from College  ☐ Yes ☐ No

Student Lives with (please circle all that apply)

☐ Mother    ☐ Stepmother    ☐ Grandmother    ☐ Guardian

☐ Father    ☐ Stepfather    ☐ Grandfather    ☐ Foster parents

Other __________________________________________________________
Please list the people **living in** the home other than the student applicant:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Last Grade Completed</th>
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Other Siblings **living outside** the home:

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<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Currently Attending School</th>
<th>Last Grade Completed</th>
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<td>□ Yes □ No</td>
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**Special Circumstances:** Are there any other special circumstances that you would like to share with us about your situation such as: living arrangements, income, family history, etc.?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**High School Information**

Does your family plan to move next year? □ Yes □ No

If Yes: When? __________________ Where? ______________________________

**What school do you plan on attending in 9th grade?**

________________________________________________________________________
**Extracurricular Information**

Please provide a complete list of your clubs, activities, interests, strengths, hobbies, or awards you have received at school, church, and community. Also any work experiences you may have. Please print your information and attach a separate sheet of paper if additional space is needed for your answers.

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<td>15.</td>
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</table>
Student Statements

Each question must be answered, and answers must be handwritten by the student. Write as much detail as possible. Use additional paper if necessary.

1. Why do you want to be in this program?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

2. Why do you want to go to college?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
3. What is your favorite subject? Why?

________________________________________________________________________

________________________________________________________________________

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4. What do you like to do in your free time?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________
5. What person do you admire the most?

6. What is the most difficult situation you have ever faced? How did you handle it?
**SECTION 2: PARENT/GUARDIAN INFORMATION**

**Personal Information**

<table>
<thead>
<tr>
<th>Parent/Guardian 1</th>
<th>Parent/Guardian 2</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
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<tr>
<td>Cell Phone:</td>
<td>Cell Phone:</td>
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<tr>
<td>Home Phone:</td>
<td>Home Phone:</td>
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<tr>
<td>Work Phone:</td>
<td>Work Phone:</td>
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<tr>
<td>Email:</td>
<td>Email:</td>
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</tbody>
</table>

**Employment Information**

<table>
<thead>
<tr>
<th>Parent/Guardian 1 (Same as above)</th>
<th>Parent/Guardian 2 (Same as above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td>Employer:</td>
</tr>
<tr>
<td>Occupation:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>Business Address:</td>
<td>Business Address:</td>
</tr>
<tr>
<td>Number of Years with Current Employer:</td>
<td>Number of Years with Current Employer:</td>
</tr>
<tr>
<td>Gross Monthly Salary (before any taxes or deductions): $</td>
<td>Gross Monthly Salary (before any taxes or deductions): $</td>
</tr>
</tbody>
</table>
INCOME INFORMATION

What is your total annual (yearly) household income (include all household members)?

$____________________

Are you eligible for any Federal Assistance Programs? (Circle all that apply)

SNAP/Food Stamps  TANF  Medicaid  SSI or SSA  Other: ______________

If yes, please list the type of service and the amount received per month (attach proof of service[s] to application):

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Amount per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
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<tr>
<td>____________________________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

Do you receive/are you supposed to receive child support or alimony? □ Yes □ No

If yes, how much per month (attach proof of support to application)? $________

Do you pay child support? □ Yes □ No  Do you pay alimony? □ Yes □ No

If yes, how much per month (attach proof of payment to application)? $________
Family Statements

Please print your answers. Write as much detail as possible. If necessary, use additional paper.

Explain the importance of your student receiving this scholarship:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How will your student being part of this program affect your family?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How does your family plan to help your student pursue their college education?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Student Responsibilities Contract

In order to be a Montgomery County Ohio College Promise scholar, who will earn a college scholarship and be provided a mentor, every student must sign the following contract and pledge to:

- Be Alcohol, Tobacco and Drug Free
- Be Crime Free
- Practice Good Citizenship
- Maintain a strong record of school attendance at a Montgomery County High School
- Participate in school co-curricular or extra-curricular activities and/or community/faith based activities
- Come to the weekly meetings with their assigned mentor
- Attend any at-large programs or activities sponsored by the Montgomery County Ohio College Promise Program
- Attain a High School Diploma with a Grade Point Average (GPA) and test scores high enough to meet the entrance requirements of Central State University, Denison University, Kettering College, Miami University, Miami University Regionals, Ohio Northern University, Ohio University, Sinclair College, University of Dayton, Wittenberg University, Wright State University, Xavier University, or other 4-year university partners.

**Bottom Line:** Montgomery County Ohio College Promise students are respectful and responsible!

___________________________
Student Signature

___________________________
Date
Parents/Guardians Responsibilities Contract

Parent(s)/Guardian(s) must also make a commitment to their child’s success as a Montgomery County Ohio College Promise scholar. Every parent/guardian must sign the following contact and pledge to:

- Provide a supportive environment at home that will contribute to the success of their child/guardian
- To develop a positive relationship with school and Montgomery County Ohio College Promise mentor and program staff
- To attend school related functions including but not limited to open houses, scheduling conferences and parent/teacher conferences
- Attend any at-large programs or activities sponsored by the Montgomery County Ohio College Promise program
- Provide releases which will allow to the College Promise Program to receive both academic and disciplinary information from their child/guardian’s school, college and university attendance information and for the use of the photographs or video of the student

Bottom line: Montgomery County College Promise parents/guardians are involved and engaged, which will have a direct impact on the academic success of their child/guardian!

I understand that the information contained in this application is truthful and accurate and will be shared with the Montgomery County Ohio College Promise program staff and the selection committee. I also certify that my child meets the program income requirements. I also understand that any false information in this application will result in my child being dismissed from the program.

_________________________
Parent/Guardian Signature

_________________________
Date
Montgomery County Ohio College Promise
Teacher Recommendation Form

Teacher Statement for Student: ________________________________
(Please provide student’s full name)

Please comment on this student’s attitude, behavior, and motivation in school. Include the student’s ability to maintain at a minimum a 2.5 grade point average and their ability to succeed in post-secondary education. Also feel free to provide any information regarding the student’s family situation that the Selection Committee should be aware of.

Feel free to call the MCOCP program office at 937-225-9922 or 937-225-9957 with any questions that you may have.
College Promise Program 2020 Application

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Printed Name of Teacher

____________________________

Teacher Signature

____________________________

School

____________________________

Grade Level and Subject Taught:

____________________________

Date

____________________________  ____________________________

Phone #  Email Address

You may return this to our offices as an email attachment. Please send to

Jennifer Guanciale:  jguanciale@mcocp.org
Montgomery County Ohio College Promise
Recommendation Form

Statement for Student: ____________________________________________
(Please provide student’s full name)

Please comment on this student’s attitude, behavior, and motivation in school. Include
the student’s ability to maintain at a minimum a 2.5 grade point average and their ability
to succeed in post-secondary education. Also feel free to provide any information
regarding the student’s family situation that the Selection Committee should be aware of.

Feel free to call the MCOCP program office at 937-225-9922 or 937-225-9957 with any
questions that you may have.

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____________________________________________________________________
Printed Name of Responder

Signature

Relationship to Student

Date

Phone #  Email Address

You may return this to our offices as an email attachment. Please send to Jennifer Guanciale: jguanciale@mcocp.org
Montgomery County Ohio College Promise Employment Verification Form

Note to parents/guardians: This form has to be completed for all adults over the age of 18 who live in the same household. The form is to be signed by the employer.

Dear Employer,

This form is part of an application process for the Montgomery County Ohio College Promise program. The Montgomery County Ohio College Promise program selects deserving students in the 8th grade, and upon the successful completion of high school and the fulfillment of both a student and parent pledge, awards scholarships for attendance at Central State University, Denison University, Kettering College, Miami University, Miami University Regionals, Ohio Northern University, Ohio University, Sinclair College, University of Dayton, Wittenberg University, Wright State University, Xavier University, or other 4-year university partners.

Please take a moment to complete this form in order for your employee’s child to be considered.

Employee Name ______________________________________________

Title/Position __________________________________________________

Length of Employment __________________________________________

Salaried Employee □Yes □No

If yes, annual salary: $________________

If no, hourly rate: $_____________________________

Typical number of weekly hours; _________________________

Are there opportunities to receive overtime? □Yes □No
If yes, how often: ________________________________

Name of Company______________________________________________

Address __________________________________________________________________________

City______________________State______________Zip____________________

Phone #______________________Email___________________________________________

Printed Name of Person Completing the Form: __________________________

Title: ________________________________

______________________________________________________________________________

Employer Signature ___________________________ Date _______________________

Feel free to contact the Montgomery County Ohio College Promise office at 937-225-9922 or 937-225-9957 with any questions you might have.

You may return this to our offices as an email attachment. Please send to Jennifer Guanciale: jguanciale@mcocp.org
Montgomery County Ohio College Promise
Employment Verification Form

Note to parents/guardians: This form has to be completed for all adults over the age of 18 who live in the same household. The form is to be signed by the employer.

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Please take a moment to complete this form in order for your employee’s child to be considered.

Employee Name ______________________________________________________

Title/Position ________________________________

Length of Employment ____________________________________________

Salaried Employee ☐ Yes ☐ No

If yes, annual salary: $________________

If no, hourly rate: $___________________________

Typical number of weekly hours; ___________________________
Are there opportunities to receive overtime? ☐ Yes  ☐ No

If yes, how often: ________________________________

Name of Company_________________________________________________________________________

Address __________________________________________________________________________________

City______________________State________________________Zip____________________________

Phone #________________________Email____________________________________________________

Printed Name of Person Completing the Form: _________________________________

Title: _________________________________________________________________________________

_________________________________________  ___________________________ Date

Employer Signature

Feel free to contact the Montgomery County Ohio College Promise office at 937-225-9922 or 937-225-9957 with any questions you might have.

You may return this to our offices as an email attachment. Please send to Jennifer Guanciale: jguanciale@mcocp.org