To be eligible for the REACH Georgia Scholarship Program, an applicant must meet the requirements below. Please initial beside each to confirm that the applicants meet these requirements:

- Enrolled at an eligible Georgia school in a participating district – starting the program as an 8th grader
- Demonstrated and proven financial need
- Proven legal status in the United States (U.S. Citizen or legal resident)
- Good attendance and behavior
- Grade reports reflecting the student can maintain a 2.5 or greater HOPE-calculated GPA in high school
- Crime and drug-free record
- Demonstrated the support of a parent, legal guardian, or other caring adult

**APPLICATION CHECKLIST**

- Before submitting the completed scholar application to REACH, make sure each applicant has proven financial need to your school system. Proof does not need to be sent to the REACH program. Proof might include but is not limited to: copy of SNAP/TANF card, pay stub, or yearly tax statement. For school systems without Community Eligibility Provision (CEP) status, an approved Free/Reduced Lunch application would be acceptable as well.

- Please email this eligibility confirmation cover sheet and the first 4 numbered pages of the application for each student who has been chosen by your selection committee. Submit to reach@gsfc.org prior to your signing ceremony so that REACH may perform an eligibility review of your final selections.

- If any of these selections are meant to replace a scholar who has been exited from the program, please ensure that a Scholar Exit Form has been submitted and list the names of those student/s to be replaced:

  ___________________________________________________________________________________

  ___________________________________________________________________________________

I certify that the following selections for the REACH Georgia Scholarship Program meet all the eligibility requirements for acceptance in the 2020–2021 academic year.

Coordinator Signature:  ______________________________________________Date: _____________________

Coordinator Name:  ___________________________________School System: ___________________________
CONGRATULATIONS! You have been given this application because someone believes in you and your potential. The next step is to complete this application. Once completed, it will be submitted for review by a local selection committee.

REACH Georgia is a mentorship and scholarship program that provides scholars with the academic, social, and financial support needed to graduate from high school, gain access to college and achieve post-secondary success. Upon successful completion of the program, qualifying students earn a $10,000 scholarship ($2,500 max/year or $1,250/semester) towards the cost of attendance at a HOPE-eligible postsecondary institution.

To be eligible for the REACH Georgia Program, a student must:

- Currently be a rising 8th grader at an eligible Georgia school in a participating district
- Demonstrate and provide proof of financial need
- Have proven legal status in the United States (U.S. Citizen or legal resident)
- Have good attendance and behavior
- Have grade reports reflecting at least a 2.5 cumulative grade point average in core courses
- Have a crime and drug-free record
- Have demonstrated the support of a parent, legal guardian, or other caring adult

APPLICATION CHECKLIST

- Before starting this application, make sure you meet all of the eligibility requirements listed above.

- Make sure each question has an answer. If any questions do not apply to your current situation, mark the question with “N/A”. If you need more space, please feel free to attach additional pages to your application.

- Submit one (1) academic reference form and one (1) community reference form to be completed on your behalf using the forms provided with this application.

- Return the completed application no later than the specified due date. Incomplete or late applications will not be processed or considered.

If you have any questions in the process, please contact ________________________________

Due Date: __________________________
**STUDENT INFORMATION**
TO BE COMPLETED BY THE PARENT(S) OR GUARDIAN(S)

| Student Legal Name: __________________________________________________________ |
| first    middle      last |
| Date of Birth *(mm/dd/year)*: ___________________          Age: _________          Gender: [ ] Male [ ] Female |
| Phone: ____________________ |
| Home Address: ________________________________________________________________ |
| City: _________________________      State: _______      Zip Code: _______________ |

Racial or Ethnic Group (check all that apply):

- [ ] Hispanic/Latino  
- [ ] Asian/Pacific Islander  
- [ ] Black/African American  
- [ ] American Indian/Alaskan  
- [ ] White/Caucasian  
- [ ] Other  

| School System: ______________________________   Current Grade: _____   Grade entering August 2020: _____ |
| Current Middle School: __________________________________________________________ |
| Anticipated High School: __________________________________________________________ |
| Anticipated Graduation Year: ______________      GTID: ________________ |

➢ Is the student a U.S. Citizen?  [ ] Yes  [ ] No  
   If you checked “Yes” for U.S. Citizen, enter their SSN/social security number *(required)*:
   - Student SSN: ______-____-____  

➢ Is the student an *Eligible Non-Citizen?  [ ] Yes  [ ] No  
   If you checked “Yes” for Eligible Non-Citizen, enter their alien registration number *(proof of Eligible Non-Citizen status is required at the time of application submission)*: ________________________________  
*You are generally considered an Eligible Non-citizen if you are one of the following: (1) A U.S. permanent resident with proof of an 1-551 Permanent Resident Card; (2) A conditional permanent resident with proof of an I-551C Conditional Permanent Resident Card; or (3) The holder of an I-94 Arrival-Departure Record with one of the following designations: “Refugee,” “Asylum Granted,” “Parolee” (minimum of one year and status has not expired), or “Cuban-Haitian Entrant.”*
PARENT/GUARDIAN INFORMATION
TO BE COMPLETED BY THE PARENT(S) OR GUARDIAN(S)

Student Name: ______________________________     School System: ______________________________

Parent/Guardian 1 Name: _______________________________________________________________________
Relation to Student: ______________________  Highest Level of Education Completed: _____________________
Phone: ____________________          Email:_________________________________________________________
Address: _____________________________________________________________________________________

Parent/Guardian 2 Name (if applicable): ____________________________________________________________
Relation to Student: ______________________  Highest Level of Education Completed: _____________________
Phone: ____________________          Email:_________________________________________________________
Address: _____________________________________________________________________________________

Student applicant lives with (check all that apply):
☐ Mother       ☐ Father       ☐ Guardian       ☐ Stepmother       ☐ Stepfather       ☐ Other: _________________

REACH Georgia is a needs-based mentorship and college scholarship program. Check the box below that best
describes your current status and please ensure that your school system can verify financial need.
☐ Live in a family unit receiving SNAP (Food Stamp) benefits ___________________________ (Enter SNAP #)
☐ Live in a family unit receiving TANF benefits _____________________________________ (Enter TANF #)
☐ Identify as a foster youth                                                                                       
☐ Identify as homeless or migrant  
Please reference the following chart for maximum income thresholds:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual Income</th>
<th>Monthly Income</th>
<th>Weekly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Family Members</td>
<td>31,894</td>
<td>2,658</td>
<td>614</td>
</tr>
<tr>
<td>3 Family Members</td>
<td>40,182</td>
<td>3,349</td>
<td>773</td>
</tr>
<tr>
<td>4 Family Members</td>
<td>48,470</td>
<td>4,040</td>
<td>933</td>
</tr>
<tr>
<td>For each add’l family member, add:</td>
<td>8,288</td>
<td>691</td>
<td>160</td>
</tr>
</tbody>
</table>

How could this program benefit the child’s future? Why do you want this child to have this opportunity?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
Release of Information, Consent and Certifications

Consent to Photograph, Film, or Videotape a Student for Non-Profit Use

I, ________________________________ (Print Name of Parent/Guardian), hereby give permission to the school, the School System, Georgia Student Finance Authority, Georgia Student Finance Commission, the Foundation affiliated with REACH Georgia, and other REACH Georgia affiliates to use photographs, video images, writing, voice recordings of my student and his or her immediate family in news reports, newsletters, REACH Georgia website content, program marketing materials, graduation programs, articles, and/or other media outlets.

I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the Internet, and all other forms of media. I hereby release the REACH Georgia Scholarship Program, Georgia Student Finance Authority, REACH Georgia Foundation, and the ______________________________ School System and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Applicant Name: ________________________________________________________________ Date: ____________

Applicant Signature: _____________________________________________________________ Date: ____________

Parent/Guardian Signature: _______________________________________________________ Date: ____________

Certifications

I, ________________________________ (Print Name of Parent/Guardian) certify that all of the information provided on behalf of my student in this application and on any other document or writing completed by us in connection with the Application is true, correct and complete to the best of our knowledge. To the best of our knowledge, I/my student meet(s) the eligibility requirements detailed in the application.

I acknowledge and understand that any false or misleading information written in this application may result in the disqualification of my student from participation in the REACH Georgia Scholarship Program.

Applicant Name: ________________________________________________________________ Date: ____________

Applicant Signature: _____________________________________________________________ Date: ____________

Parent/Guardian Signature: _______________________________________________________ Date: ____________
FERPA RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232(g); 34 C.F.R. Part 99) is a Federal law that protects the privacy of student education records. In accordance with FERPA, it is the policy of the school system to withhold certain educational records unless the student or his or her guardian provides consent to disclose information. The purpose of this form is to provide the consent to the school system required by FERPA to allow Georgia Student Finance Authority, Georgia Student Finance Commission, the REACH Georgia Foundation, Inc., colleges, universities, other REACH Georgia affiliates, and their employees, to access educational records on all REACH Scholars.

I, _____________________________, (Print Name of Parent/Guardian), hereby authorize ________________________ (Print Name of School) school to release and/or discuss my child’s educational records including, but not limited to, attendance, discipline, grades, and home address with Georgia Student Finance Authority, the REACH Georgia Foundation, Inc., colleges, universities, and other REACH Georgia affiliates, and their employees, for the purpose of benefiting my child, the REACH Georgia Scholarship Program, the school system and any research benefitting the State of Georgia’s educational programs or initiatives.

Applicant GTID Number: _____ _____ _____ _____ _____ _____ _____ _____ _____

Applicant Name: ___________________________________________________ Date: ____________

Applicant Signature: _________________________________________________ Date: ____________

Parent/Guardian Signature: ___________________________________________ Date: ____________
# STUDENT QUESTIONNAIRE
TO BE COMPLETED BY STUDENT APPLICANT

Student Name: ______________________________     School System: ______________________________

What is something that you have done that makes you proud?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Tell us about a time that you did not achieve success? What happened? What did you learn from it?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Who do you go to if you have a problem?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Who do you look up to? Why do you admire them?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

List any activities in which you are involved at school or outside of school:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

List any awards or honors you have received at school or outside of school:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

What college would you like to attend? What would you like to study?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

How would you benefit from being a REACH Georgia Scholar?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
Note to the Student Applicant:
This reference form is to be completed by a counselor, principal, teacher or other school administrator who knows you well. This person cannot be related to you. Be sure to give your reference sufficient time to complete the form before the application due date.

Complete your information below before sending this form to your reference.

Student Name: __________________________________________________________________________________

School System: __________________________________________________________________________________

Grade: _________________________________________________________________________________________

IMPORTANT NOTE to the Student’s Academic Reference:
This student has been nominated to apply to participate in the Realizing Educational Achievement Can Happen (REACH) Georgia Program. REACH Georgia is a mentorship and scholarship program that begins in the 8th grade and provides REACH Scholars with the academic, social and financial support needed to graduate from high school, gain access to college and achieve post-secondary success. Upon graduation from high school, Scholars are awarded up to $10,000 ($2,500 per year for up to four years) towards the cost of attendance at a Georgia HOPE-eligible postsecondary institution.

The student applicant is asking you to provide information that will help the REACH Scholar selection committee identify the students who will most benefit from the REACH Georgia Program. You cannot be related to the student.

Please provide your thoughtful and honest responses and return this form in a sealed envelope to:

REACH Coordinator Name: _________________________________________________

Due Date: ____________________________________________________________
### ACADEMIC REFERENCE FORM

### PART ONE

**Student Name:** ______________________________  **School System:** ______________________________

**Circle the appropriate response based on your knowledge of the nominated student:**

**The applicant is motivated to succeed academically.**

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

**The applicant has not had difficulty adjusting academically and socially to middle school.**

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

**The applicant is involved in school activities.**

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

**The applicant is respectful of himself/herself.**

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

**The applicant cares about the well-being of others (students, teachers, etc.).**

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

**The applicant shows good follow-through and finishes tasks on time.**

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

**The applicant demonstrates drive, dedication, and determination.**

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACADEMIC REFERENCE FORM</td>
<td>PART TWO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student Name: ______________________________</td>
<td>School System: ______________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. How long have you known the student applicant?
   _______________________________________________________________________________________

2. How do you know the applicant?
   _______________________________________________________________________________________
   _______________________________________________________________________________________

3. What are some of the applicant’s best qualities?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

4. How do you believe the opportunity to participate in the REACH Georgia Program will help the applicant succeed?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

5. What are some ways the applicant may have difficulty in the program (behavior, attendance, grades, consistency, interacting with adults, etc.)?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

6. What are some weaknesses/areas of potential the applicant can work on to be even more successful?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

7. Is there anything else you can tell us about the applicant?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

Reference Signature: _________________________________________________ Date: ___________________
Printed Name: ________________________________________________________________________________
Title/Position: ________________________________________________________________________________
Phone Number: _______________________________ Email: ________________________________________
Community Reference Form
REACH Georgia Application
2020-2021 Academic Year

Note to the Student Applicant:
This reference form is to be completed by a person in your community who knows you well (e.g., a pastor, coach, friend or neighbor). This person cannot be related to you. Be sure to give your reference sufficient time to complete the form before the application due date.

Complete your information below before sending this form to your reference.

Student Applicant Name: __________________________________________________________________________

School: ________________________________________________________________________________________

Grade: _________________________________________________________________________________________

IMPORTANT NOTE to the Student’s Academic Reference:
This student has been nominated to apply to participate in the Realizing Educational Achievement Can Happen (REACH) Georgia Program. REACH Georgia is a mentorship and scholarship program that begins in the 8th grade and provides REACH Scholars with the academic, social and financial support needed to graduate from high school, gain access to college and achieve post-secondary success. Upon graduation from high school, Scholars are awarded up to $10,000 ($2,500 per year for up to four years) towards the cost of attendance at a Georgia HOPE-eligible postsecondary institution.

The student applicant is asking you to provide information that will help the REACH Scholar selection committee identify the students who will most benefit from the REACH Georgia Program. You cannot be related to the student.

Please provide your thoughtful and honest responses and return this form in a sealed envelope to:

REACH Coordinator Name: ________________________________________________________________

Due Date: ____________________________________________________________________________

REACH Georgia Application: 2020-2021 Academic Year
| Student Name: ______________________________ | School System: ______________________________ |

**COMMUNITY REFERENCE FORM**  
**PART ONE**

Circle the appropriate response based on your knowledge of the nominated student:

The applicant is helpful and courteous to people around him/her.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

The applicant is trustworthy.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

The applicant is reliable and can be counted on to complete tasks.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

The applicant is respectful of himself/herself.

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<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

The applicant cares about the well-being of others.

<table>
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<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

The applicant shows leadership potential.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

The applicant demonstrates drive, dedication, and determination.

<table>
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<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>
# COMMUNITY REFERENCE FORM

## PART TWO

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Name:</strong> ________________________</td>
<td><strong>School System:</strong> ________________________</td>
</tr>
<tr>
<td>1. How long have you known the student applicant?</td>
<td></td>
</tr>
<tr>
<td>2. How do you know the applicant?</td>
<td></td>
</tr>
<tr>
<td>3. What are some of the applicant’s best qualities?</td>
<td></td>
</tr>
<tr>
<td>4. How do you believe the opportunity to participate in the REACH Georgia Program will help the applicant succeed?</td>
<td></td>
</tr>
<tr>
<td>5. What are some ways the applicant may have difficulty in the program (behavior, attendance, grades, consistency, interacting with adults, etc.)?</td>
<td></td>
</tr>
<tr>
<td>6. What are some weaknesses/areas of potential the applicant can work on to be even more successful?</td>
<td></td>
</tr>
<tr>
<td>7. Is there anything else you can tell us about the applicant?</td>
<td></td>
</tr>
</tbody>
</table>

**Reference Signature:** ___________________________________________  **Date:** _________________

**Printed Name:** ____________________________________________________________________________

**Title/Position:** ____________________________________________________________________________

**Phone Number:** _______________________________  **Email:** ______________________________________