



**REACH Georgia Application  
2018-2019 Academic Year**

**CONGRATULATIONS! You have been nominated!** You have been given this application because someone believes in you and your potential. Being nominated is the first step towards becoming a REACH Scholar. 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/year for up to four years) towards your educational costs at a University System of Georgia or Technical College System of Georgia institution or an eligible private postsecondary institution.

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

- Currently be a rising 8<sup>th</sup> grader at a participating eligible Georgia middle school (**note: student begins as a REACH Scholar in the 8<sup>th</sup> grade**),
- Qualify for the Free or Reduced Lunch Program by completing the Application for Free and Reduced Price School Meals form or through Direct Certification.
- Have legal status in the United States (U.S. Citizen or legal resident),
- Have and agree to maintain above average attendance and behavior,
- Have grade reports reflecting at least a 2.5 cumulative grade point average in all core courses (English, mathematics, science, social studies and foreign language),
- Have and agree to maintain a crime and drug-free record,
- Have 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 on the first page of the application.
- Make sure every question has an answer. If any questions do not apply to your current situation, mark the question with "N/A," but do not leave any question unanswered. If you need more space, please feel free to attach additional pages to your application.
- Submit one (1) completed academic reference form and one (1) community reference form to be submitted on your behalf using the forms provided with this application.
- Return the entire application, with completed reference forms, to your guidance counselor by the due date indicated below.

If you have any questions in the process, please contact \_\_\_\_\_

Due Date: \_\_\_\_\_

**\*RETURN THIS COMPLETED APPLICATION TO YOUR SCHOOL COUNSELOR OR OTHER REACH REPRESENTATIVE AT YOUR SCHOOL NO LATER THAN THE SPECIFIED DUE DATE. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED**



What is something that you have done that you are really proud of?

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

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Who do you go to if you have a problem?

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

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

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

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Do you plan on attending a postsecondary institution?

Yes       No       Unsure

If you answered **yes**, do you have an idea what you want to study when you enroll in a postsecondary institution?

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What are your hopes for your future?

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How would you benefit from being a REACH Georgia Scholar?

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**REACH Georgia Application  
2018-2019 Academic Year  
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, 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, 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: \_\_\_\_\_



**REACH**  
GEORGIA

**Academic Reference Form**  
**REACH Georgia Application – Part 3**  
**2018-2019 Academic Year**

**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 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 8<sup>th</sup> 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 public or private two or four-year college.

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**

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

The applicant is motivated to succeed academically.

strongly agree      agree      neutral      disagree      strongly disagree

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

strongly agree      agree      neutral      disagree      strongly disagree

The applicant is involved in school activities.

strongly agree      agree      neutral      disagree      strongly disagree

The applicant is respectful of himself/herself.

strongly agree      agree      neutral      disagree      strongly disagree

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

strongly agree      agree      neutral      disagree      strongly disagree

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

strongly agree      agree      neutral      disagree      strongly disagree

The applicant demonstrates drive, dedication, and determination.

strongly agree      agree      neutral      disagree      strongly disagree



**Academic Reference Form**

1. How long have you known the student applicant?

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2. How do you know the applicant?

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

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

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

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

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

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Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



**Community Reference Form  
REACH Georgia Application – Part 4  
2018-2019 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 8<sup>th</sup> 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 public or private two or four-year college.

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: \_\_\_\_\_



**Community Reference Form**

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

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

strongly agree      agree      neutral      disagree      strongly disagree

The applicant is trustworthy.

strongly agree      agree      neutral      disagree      strongly disagree

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

strongly agree      agree      neutral      disagree      strongly disagree

The applicant is respectful of himself/herself.

strongly agree      agree      neutral      disagree      strongly disagree

The applicant cares about the well-being of others.

strongly agree      agree      neutral      disagree      strongly disagree

The applicant shows leadership potential.

strongly agree      agree      neutral      disagree      strongly disagree

The applicant demonstrates drive, dedication, and determination.

strongly agree      agree      neutral      disagree      strongly disagree

**Community Reference Form**

1. How long have you known the student applicant?

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2. How do you know the applicant?

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

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

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

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

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

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Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_