REACH Georgia Application
2021-2022 Academic Year

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

County or City
School System: _____ Current Grade: _____ Grade entering August 2021: _____

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; **please ensure to provide proof to your REACH Coordinator to 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
- ☐ Live in a low-income household according to the Federal Income Eligibility Guidelines (2020-2021). Please reference the following chart for maximum income thresholds:

Household Size	Annual Income	Monthly Income	Weekly Income
2 Family Members	32,227	2,686	620
3 Family Members	40,626	3,386	782
4 Family Members	49,025	4,086	943
For each add'l family member, add:	8,399	700	162

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 QUESTIONAIRRE

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?

_____
_____
_____

Academic Reference Form
REACH Georgia Application

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 to:

REACH Contact: _____

Due Date: _____

ACADEMIC REFERENCE FORM
PART ONE

Student Name: _____ School System: _____

Select 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
PART TWO

Student Name: _____ School System: _____

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

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 to:

REACH Contact: _____

Due Date: _____

COMMUNITY REFERENCE FORM

PART ONE

Student Name: _____ School System: _____

Select 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
PART TWO

Student Name: _____ School System: _____

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: _____