



The Fremont County
Colorado Opportunity Scholarship
Initiative

COSI Matching
Scholarship Application

Deadline
June 6, 2019 (Fall Semester)

Dear Student:

Thank you for your interest in applying for matching funds to supplement your recently received scholarship. The Fremont County Colorado Opportunity Scholarship Initiative Scholarship, in collaboration with the Fremont Community Foundation, is utilizing available state funds to award matching scholarship dollars to eligible students. Please complete all necessary information in this application packet and return to:

COSI Scholarship
Fremont County Commissioners
615 Macon Room 105
Canon City, CO 81212

Scan/Email to: wolfe.sww@gmail.com or,
krystina.delduca@fremontco.com or
dwayne.mcfall@fremontco.com

Applications may be delivered in person, sent via U.S mail, or emailed to one of the above. Applications must be received by the close of business on **June 6, 2019**.

Please review the following list of guidelines before proceeding with the application. The selection process for all potential scholarship applicants is as follows:

1. All scholarship amounts awarded are based strictly on funds available.
2. Scholarship funds will be awarded for the **Fall 2019 semester** only.
3. All applicants will be notified of their status of the application (scholarship recipient or regrets) by **June 28, 2019**.

The County Commissioners and the Foundation wishes you luck with your educational endeavors and we look forward to helping you achieve your educational goals.

Sincerely,

Mr. Steven Wolfe

Coordinator, FCCOSI Scholarship

2019-2020 Matching Scholarship Application

SCHOLARSHIP ELIGIBILITY

- Applicant must be a current resident of Fremont County
- Applicant must be a continuing post-secondary student
- Applicant must attend Colorado colleges with an identified Student Support Services program.
- Applicant must have an Expected Family Contribution of \$13,000 or less (need that is 250 percent or less of Pell eligibility)

REQUIREMENTS FOR MATCHING SCHOLARSHIP RECIPIENTS

- Depending on the program, student must be full time and/or enrolled in a minimum of twelve (12) credit hours
- Reapplying students must maintain a 2.5 GPA
- Student must participate in a student support program offered by the college/institution they attend that will assist with persistence and successful completion of a certificate or degree

Required Application Supporting Documentation:

Incomplete applications will not be considered.

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One copy of the 2019-2020 Student Aid Report – **Cover Page with EFC number**

- (Print out provided after the FAFSA has been completed)
- **Income tax forms will not be accepted.**

(The Expected Family Contribution (EFC) is a number that determines students' eligibility for federal student aid. The EFC formulas use the financial information students provide on their Free Application for Federal Student Aid (FAFSA®) to calculate the EFC.)

2019-20 COSI Matching Scholarship Application

Please type or print clearly in black or blue ink. Submit or mail completed application packet to:

COSI Scholarship
Fremont County Commissioners
615 Macon Room 105
Canon City, CO 81212

Scan/Email to: wolfe.sww@gmail.com or,
krystina.delduca@fremontco.com or
dwayne.mcfall@fremontco.com

Applicant Information (Incomplete application packets will not be considered)

Name: _____ Address: _____

City: _____ State: _____ Zip _____

Phone: () _____ Cell: () _____ **DOB** _____

Email: _____ **SSN** _____

Race/Ethnic Origin: Hispanic White African American Asian Other: _____

Please identify the scholarship(s) you have received for which you are requesting matching funds:

Name of Scholarship: _____ Amount: _____

Organization giving scholarship: _____

Representative for organization giving scholarship: Name: _____

Contact information: _____

Name of Scholarship: _____ Amount: _____

Organization giving scholarship: _____

Representative for organization giving scholarship: Name: _____

Contact information: _____

Name of Scholarship: _____ Amount: _____

Organization giving scholarship: _____

Representative for organization giving scholarship: Name: _____

Contact information: _____

Education Information

High School Attended: _____ Year of Graduation: _____

College/University: _____ **Student ID number** _____

Proposed Major/Area of concentration: _____

I do hereby consent to release of information regarding my scholarship, academic and financial status (including photos) to Fremont Community Foundation. I also consent to release any information for publication. All the information in this application and supporting documents is true and complete to the best of my knowledge.

(Print full name)

(Date)

(Signature)

(Date)

Terms and Conditions of Scholarship Academic Year 2019-2020 Contract Agreement

Following are the terms and conditions which govern the receipt of the scholarship. You acknowledge that you have read and reviewed the following terms and conditions and that you agree to be bound by them. Fremont Community Foundation reserves the right, in its sole discretion, to change these terms and conditions at any time without prior notice.

1. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter hereof, and supersedes in their entirety any and all written or oral agreements previously existing between the parties with respect to such subject matter.

Student Initials: _____

2. The terms and conditions of this Agreement may not be amended, supplemented, or altered by any other document(s) and any attempt to amend, supplement, or alter is null and void unless agreed to in writing by both parties.

Student Initials: _____

3. Scholarship recipients must maintain a minimum 2.5 cumulative GPA. Scholarship recipients must maintain at least 12 credit hours to receive this scholarship as an undergraduate and will forfeit this scholarship if the 12 credit hours are not maintained.

Student Initials: _____

4. Scholarship Student must participate in an approved student support program offered by the college they attend that will assist with persistence and successful completion of a certificate or degree

Student Initials: _____

I agree to abide by the terms and conditions of the Fremont County Contract Agreement and hereby consent to release of information concerning my academic and financial status to the Fremont Community Foundation.

Student Name (Please Print)

Student Signature

Date

Signature of Fremont Community Foundation Representative

Date