

Douglas County School System

P.O. Box 1077 ~ Douglasville, GA 30133 ~ 770-651-2000 ~ www.dcssga.org

Trent North, Superintendent

REACH Scholarship Program Application Qualification - Phase I of three phases

The Governor's REACH Scholarship Program is a mentorship and scholarship program that provides scholars with the academic, social, and financial support needed to graduate from high school, access college and achieve postsecondary success. Upon successful completion of the program, the REACH scholarship award will offer qualifying students a \$10,000 scholarship (\$2,500/year for up to four years) towards the educational costs at an in-state, Georgia HOPE-eligible public or private post-secondary institution.

To be eligible for the REACH Scholarship Program, a student must meet ALL of the categories listed below. Please check the items below which apply to your child. Currently in the 7 th grade at a participating eligible Georgia middle school Qualify for the Free or Reduced Lunch Program*attached form to complete for verification Has legal status in the United States (U.S. Citizen or legal resident) Has grade reports reflecting minimum grades of a "C" or better in each core course Has not missed more than 4 days of school, unless medically documented No discipline suspensions or major infractions reported
I certify that the information provided above is accurate. I give the Douglas County School System and Communities In Schools of Douglas County permission to verify the information provided.
Parent /Guardian Name:
Parent/Guardian Signature:
Student Applicant's Name:
Student Applicant's Signature:
Student Applicant's School: Chapel Hill Middle School
Parent /Guardian email address:
Student's email address: (if applicable)
Parent /Guardian day time phone number: cell phone number:
Applications are due to Mrs. Robinson by Friday, March 29, 2024
f you have questions, please contact Teresa Robinson at Teresa robinson@dcssga.org / 770-651, 5027

If

Both sides must be completed

Please note, this scholarship is for students to attend an in GEORGIA college or university. It will not apply to any schools out of state.

SHARING INFORMATION WITH OTHER PROGRAMS 2023-2024

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

will not change whether your children get free of reduced price means.			
Yes! I DO want school officials to share information for Counselors for REACH Scholarship Select Criteria Ve	from my Free and Reduced-Price School Meals Application wi	th Principals and	
Yes! I DO want school officials to share information f	from my Free and Reduced-Price School Meals Application wi	th Principal and	
Counselors REACH Scholarship Select Criteria Verific			
If you checked yes to any or all of the boxes above, fill out the fo Your information will be shared only with the programs you chec	orm below to ensure that your information is shared for the chil	d(ren) listed below.	
Child's Name:	School:	_	
Child's Name:	School:	_	
Child's Name:	School:		
Child's Name:	School:	_	
Signature of Parent/Guardian:	Date:		
Printed Name:	a grant to the same a		
Address:		_	
For more information, you may call April Meeks at 770-651-230	05 or e-mail at April.meeks@dcssga.org .	_	
Return this form to:	Ву:	_	
Cafeteria Manager Signature:			
Nondiscrimination Statement: In accordance with Federal civil rights law ffices, and employees, and institutions participating in or administering USDA prognd sexual orientation), disability, age, or reprisal or retaliation for prior civil rights.	w and U.S. Department of Agriculture (USDA) civil rights regulations and polici-	es, the USDA, its Agencie x (including gender identi	
tersons with disabilities who require alternative means of communication for progency (State or local) where they applied for benefits. Individuals who are deaf 77-8339. Additionally, program information may be made available in languages of	1. hard of hearing or have speech disabilities may contact USDA through the For	ge, etc.), should contact the deral Relay Service at (800	

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>. (AD-3027) found online at: http://www.ascr.usda.gov/complaint filing cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.