REACH Georgia Application
2024-2025 Academic Year

REACH Georgia is a scholarship and mentoring program that provides students with the additional academic, social, and financial supports to assist in their efforts to graduate from high school, gain access to college, and achieve success in our state's workforce. Upon successful completion of the program, qualifying students may earn a $10,000 scholarship ($2,500 max/year) towards the cost of attendance at a HOPE-eligible postsecondary institution in the state of Georgia.

You have been given this application because someone believes in you and your potential. Upon completion of this application and submission to the district's REACH Coordinator, it will be subject to review by a local selection committee.

To be eligible an eligible candidate 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 permanent resident)
- ☐ Have a record of good attendance and behavior
- ☐ Maintain grade reports reflecting at least a 2.5 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: _____

Ethnicity: Is the student of Hispanic, Latino, or Spanish origin?   Yes   No   Prefer Not to Answer

Racial Identity:

☐ American Indian/Alaskan Native   ☐ Asian   ☐ Black or African American

☐ White or Caucasian   ☐ Unlisted   ☐ Prefer Not to Answer

County or City

School System: _____   Current Grade: _____   Grade entering August 2024: _____

Current Middle School: _____

Anticipated High School: _____

Anticipated Graduation Year: _____   GTID: ☐☐☐☐☐☐☐☐☐☐

➢ **Is the student a U.S. Citizen?**   ☐ Yes   ☐ No

➢ Enter the student's SSN/social security number (*required to access Scholarship funding*):

- 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)*: _____

*Please see requirements for eligible non-citizens according to the Federal Title IV Regulations, where status must be held for 12 consecutive months prior to the first day of classes of the Spring semester of the student's seventh grade school year. May include: (1) A U.S. national or permanent resident; (2) The holder of an I-94 Arrival-Departure Record with a status of Refugee, Asylum Granted, Conditional Resident Alien, Cuban-Haitian Entrant, or Parolee; (3) The holder of a T-visa for victims of human trafficking.

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 status; **please provide proof to ensure your school system can verify the method of identification.**

☐ 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 (2024-2025).
   Please reference the following chart for maximum income thresholds:

Household Size	Annual Income	Monthly Income	Weekly Income
2 Family Members	37,814	3,152	728
3 Family Members	47,767	3,981	919
4 Family Members	57,720	4,810	1,110
For each add'l family member, add:	9,953	830	192

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?
_____
_____
_____

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: _____

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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 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: _____