Eligibility

Black high school graduates living in the Diocese of Southern Ohio, who have been admitted to an accredited school or program of advanced learning are eligible to apply for a grant. Priority is given to those students with the greatest economic need, as judged by the MEIT Board.

PELL Grants

These federal funds are available to all eligible students who are pursuing higher education. All MEIT grant applicants must provide a copy of an approval or rejection letter for a PELL Grant. If an applicant is not eligible for a PELL Grant, information verifying the current family income must accompany this application, i.e., current tax and payroll statements.

Grant Awards

MEIT grants are designed to leverage the applicant’s available school resources and ensure the student’s ability to attend school. Before consideration can be given to a grant request, applicants are required to show that the majority of the funds needed for school are available. If there is a significant difference between what is available to the student and what is needed, the application is likely to be rejected.

Guidelines

1. Applicants must provide written evidence, as requested, to confirm compliance with the above statements. Subsequent yearly grants are not automatically given. A new application must be filed each year.

2. Application must be legibly written and completed. Any omissions must be explained in writing. Unexplained omissions will result in rejection of the application.

3. All figures must be legibly recorded, added and/or subtracted correctly. Mathematical errors will result in rejection of the application.

4. All required documentation must be attached:
   A. A signed copy of a current income tax return.
   B. A written statement from the academic institution verifying all school costs listed in this application.
   C. A copy of your PELL Grant award or rejection letter, if applicable.

5. The information should be believable. For example, an application showing expenses that far exceed the income shown raises suspicion about the authenticity of the information provided. If the above situation occurs, the application will be rejected.

6. All grant monies are paid directly to the school by academic quarter or semester, upon receipt of a billing statement from the school.

7. If there are unusual extenuating circumstances that you wish to share regarding this application, please attach an additional page.

8. Limited staff will not allow for continuous debate about any aspect of the application. Applicants are strongly encouraged to ask questions before submitting the application. (Contact information is located on the last page of the application.) All decisions by the MEIT Board are final.

9. Timeline for submitting applications: From April 1 until funds run out for the budget year.

Rev. 4/2013
MEIT Scholarship Application

The purpose of this program is to provide limited assistance to black undergraduate students. Please read the information and guidelines carefully before completing the application.

Personal Information

_____ New Application _____ Renewal (check one) Year of last grant _______ Amount ________________

Name __________________________________ Date of Birth ___________________ Age _____ Race_______

Address __________________________________ City ______________________ Zip ________________

Phone Number (with area code) Home ___________________________ Mobile __________________________

Classification at time of application: Freshman _____ Sophomore _____ Junior _____ Senior _____

Persons living in your home
Furnish a complete list of all persons living in your home. Attach additional sheet(s) if necessary.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Relationship to applicant</th>
<th>Age</th>
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Family Income Information
This section must be completed by applicants who have not received a PELL Grant. Attach additional sheet(s) if necessary.

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Employer Full Name</th>
<th>Full/Part time</th>
<th>Annual Income</th>
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Total yearly income of entire family $  

NOTE: Documentation of income must include a signed copy of the most current family income tax return.

Other income
Include a complete list of any other income, of all family members listed above. Use additional sheet(s) if necessary.

<table>
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<tr>
<th>Kind of benefit</th>
<th>Person receiving benefit</th>
<th>Annual amount</th>
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Annual total of all benefits listed above $  

School Costs
Name of college or school to which you have been accepted: ________________________________

1. Tuition cost: $______________ Per Quarter / Semester / Term (circle one) Total: $ ______
2. Room/Board: $ _____________ Per Quarter / Semester / Term (circle one) Total: $ ______
3. Class related fees (with documentation) Total: $ ______

Total Cost Anticipated (add the above 3 lines) Total: $ ______

(this figure must be documented by a letter from the school)

I am applying for scholarship aid for the academic period beginning ____________________________ (MM/DD/YYYY) and ending _____________________________ (MM/DD/YYYY)

I will be attending school: Part time / Full time / During Summer Session (please circle one)

Student Resources
This is your computation of the financial assistance you need for the next academic school year
Total cost (from School Costs on page 2) $ 

a. Assistance available to you from family $ 
b. Available to you from summer job $ 
c. Available to you from scholarships $ 
d. Available to you from grants $ 
e. Available to you from loans $ 
f. Available to you from other sources $ 

Total student Resources Available* $ 

*this figure should be the sum of lines a-f and subtracted from School Costs to determine the grant requested. In each case, the grant requested by be equal to School Costs minus Student Resources.

Grant Requested $ 

Renewal Applications Only

If this is a renewal application and the amount requested on this application is more than the amount previously granted, give a specific explanation of the increase. Examples would include tuition increase, full school year vs. partial year, etc.

Certification of Information

I certify that my answers to questions of fact are true to the best of my knowledge; and if I am granted aid as requested, I agree promptly to advise you of any change which may occur in my financial status, as set forth in my answers.

Applicant signature __________________________________________________________ Date ___________________

Social Security Number ______________________________________________________

Application Check List (must be completed by student) Incomplete applications will be returned for correction or rejected.

- Application is written legibly, complete and signed
- All math has been checked and correct
- PELL Grant Award/rejection letter attached
- Signed copy of parents’ most recent income tax return attached
- Written document of School Costs attached

Return completed application to: 
Ms. Milicent N. Eason
The Minority Empowerment Initiative Trust Fund
PO Box 361194, Columbus, Ohio 43236
Phone: 614-252-1916 Fax: 614-253-2578