



## Scholarship Recipient Information and Guidelines

### Eligibility

Black high school graduates living in the Diocese of Southern Ohio, who have been admitted as a full-time student 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 May 1 until funds are exhausted.



THIS SECTION IS FOR USE BY MINORITY EMPOWERMENT BOARD MEMBERS ONLY

\_\_\_\_\_ Grant approved \_\_\_\_\_ Amount

\_\_\_\_\_ Grant approved, but with the following conditions\*:

\_\_\_\_\_ Grant not approved

Comments:\*

---

APPLICANTS, PLEASE DO NOT WRITE ABOVE THIS LINE

### 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.

Full name	Relationship to applicant	Age



**Family Income Information**

This section must be completed by applicants who have not received a PELL Grant. Attach additional sheet (s) if necessary.

Family Member	Employer Full Name	Full/Part time	Annual Income
<b>Total yearly income of entire family</b>			<b>\$</b>

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.

Kind of benefit	Person receiving benefit	Annual amount
<b>Annual total of all benefits listed above</b>		<b>\$</b>

**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

<b>Total cost (from School Costs on page 2)</b>		<b>\$</b>
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	\$	
<b>Total student Resources Available*</b>		<b>\$</b>

\*This figure should be the sum of lines a-f and subtracted from school cost to determine the grant requested. The grant requested must be the amount needed to complete the school cost. It should not exceed \$3,000.

<b>Grant Requested</b>	<b>\$</b>
------------------------	-----------

**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 \_\_\_\_\_

Last 4 digits of 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



Diocese of Southern Ohio  
Minority Empowerment Initiative Trust

P.O. Box 361194, Columbus, Ohio 43236  
Phone: 614-252-1916 Fax: 614-253-2578