Application Instructions and Eligibility Requirements for the 2015-2016 Academic Year

Please read the following instructions carefully and use for reference when completing this application. Please direct questions to SOACDF at 937-393-2700. Fully complete ALL sections of this application.

WHO IS ELIGIBLE?

Individuals who have a current Farm Service Number on record with the Farm Service Agency and reside in the 22 counties the Foundation serves OR tobacco quota owners, quota owners/growers, or grower/tenants of Farm Service Agency (FSA) record in any single crop year from 1997 through 2004 and their immediate family dependents whose permanent address is within the State of Ohio, are eligible.

WHAT IS THE AMOUNT ELIGIBLE?

- Eligible applicants enrolling in pre-approved technical training may receive up to a 50% cost share with a maximum reimbursement of $2,000 toward tuition only.
- Families are limited to $10,000 in tuition assistance per academic year excluding the Educational Excellence funds but including Technical Training.
- Individuals are limited to a $12,000 lifetime cap in tuition assistance excluding the Educational Excellence Funds but including Technical Training.
- Funds will not be provided for payment or reimbursement of equipment, tools and supplies, meals, transportation, lodging, registration and/or license renewal fees.

APPLICATION PROCESS – FIRST COME, FIRST SERVE. LIMITED FUNDS.

1. The student is required to mail the completed and signed application along with the following supporting documentation to SOACDF:
   - Certification data must be completed, stamped and signed by FSA representative
   - Page one of most recent years IRS Form 1040 only if student is a dependent of an eligible person. Must be postmarked or delivered between July 1, 2015 and August 31, 2015. Applications received before or after the application period will not be accepted.
2. Once the application is received by SOACDF, a letter is sent to the students’ institution requesting verification of the student’s acceptance/enrollment and the amount of student’s need remaining after all other financial awards (excluding loans) have been applied.
3. Once the verification form is completed, signed and returned to SOACDF, the amount of need calculated by the institution (not to exceed the maximum eligible award) is recorded and the request goes to the SOACDF Board for approval.

Only when the SOACDF Board has approved the request will a check be processed and sent to the institution. Under no circumstance will SOACDF issue a check for technical training directly to an individual. If in error you receive excess payment from the school, it is the applicant’s responsibility to return those funds to the Foundation.

- “Immediate family dependent” is defined as the certifying party’s spouse and the natural/adopted/step-children claimed as their dependents by IRS rules. A copy of the most recent year’s 1040 (showing dependents claimed) is required as proof of dependency and must be submitted with the application.
- The person creating the eligibility must acknowledge his/her understanding that an IRS Form 1099G will be issued in January 2016 for any educational assistance paid during the 2015 calendar year.
- The institution is instructed to refund all unused funds to SOACDF. If the student does not complete the course, funds must be returned to SOACDF. Any student receiving unused funds must return those funds to SOACDF.
2015-2016
SOUTHERN OHIO AGRICULTURAL AND COMMUNITY DEVELOPMENT FOUNDATION
Technical Training Grant Application – Pilot Program

Student Data (please type or print)

Student Name _____________________ ______________________ ____________________________
First       Middle    Last         Male Female

Student Mailing Address ________________________________________________________________

City ___________________ State ______ Zip __________ Phone (____) ___________________

Date of Birth ___/____/____   E-mail Address ____________________________________________

Student Marital Status: □ Single  Married  Divorced  Widowed

Student (Dependent) Relationship to person creating eligibility: □Self □Spouse □Child □Step-Child □Other

CHOOSE ONE – Only the programs listed below are eligible for cost share

□ Commercial Driver’s License (CDL) – Southern State Community College
  http://www.sscc.edu/truckdriving/

□ Industrial Maintenance – Buckeye Hills Career Center
  http://www.buckeyehills.net/

□ Advanced Manufacturing – Southern Hills Career and Technical Center
  http://www.shctc.k12.oh.us/adult_education

Course Start Date _______________________ Completion Date________________________

*Must have prior approval before start of program.

Please attach a brief summary about why you are pursuing this training and how you plan to utilize the skills obtained.
Certification Data (FIRST TIME APPLICANTS ONLY):
(This section is to be completed in full by a Farm Service Agency representative only)

Name of Person Creating the eligibility: _________________________________________________________________
First  Middle Initial  Last
County _______________________________________     FSN____________________
FSA Verification required:
By affixing my stamp and signature I am certifying that I have checked the records and find that the person named above is
eligible based on SOACDF eligibility guidelines. This certification data is true to the best of my knowledge.

_____________________________________________________ _________________________________________
FSA certifying party signature
FSA office

Person Creating Eligibility Acknowledgement

1. I understand I will receive an IRS form 1099G for the total amount awarded to myself or my spouse or my immediate
family dependent(s), and I agree to the terms and conditions of this program.
2. Also, if the student on this application is other than my spouse or me, I certify he/she is claimed as a legal dependent on my
most recent year’s federal income tax return.

________________________________________________   ____/_____/______ ________-_______-___________
Signature of Person Creating the Eligibility          Date                SSN

____________________________________________    ________________   _______  _________  (___)____________
Mailing Address                          City         State           Zip         Phone

Student Authorization and Release

I have read and understand the eligibility requirements of the SOACDF Educational Assistance Program. With my signature I
acknowledge the information on this application is true.

Furthermore, I authorize SOACDF to exchange financial, academic and other needed information with my chosen institution,
other representatives, and/or the certifying party creating eligibility, necessary for the successful completion of my SOACDF
educational assistance application.

Also, I understand I must retain in good academic standing to receive the full amount awarded.

________________________________________________       ____/_____/______ ________-_______-___________
Signature of Student          Date                SSN

Mail To:
SOACDF
P.O. Box 47
Hillsboro, OH 45133