

Technical Training Grant PILOT PROGRAM

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?

- Lligible 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 <u>required</u> 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. <u>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.</u>

- ❖ "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 p	rint)				
Student Name	Middle				
First		Middle		Last	Male Female
Student Mailing Address	_				
City	State	Zip	Phone ()	
Date of Birth//	_ E-mail A	Address			
Student Marital Status:	Single Marri	ied Divorced W	/idowed		
Student (Dependent) Rela	tionship to pe	erson creating eli	gibility: □Self	□Spouse □Child	d Step-Child Other
CHOOSE ONE – (Only the p	orograms lis	ted below	are eligible	e for cost share
☐ Commercial Dr http://www.ssco		` /	outhern Stat	e Communit	y College
☐ Industrial Main http://www.buc		•	Career Cente	er	
☐ Advanced Mannattp://www.shct	_			d Technical (Center
Course Start Date			Completion	Date	
*Must have prior appr	oval before	start of progra	am.		

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										
 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. 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. 										
Mailing Address		City	State	()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 finar other representatives, and/or the certifying party crea educational assistance application.										
Also, I understand I must retain in good academic standing to receive the full amount awarded.										
		/ /		-	-					
Signature of Student		Date			SN					

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