

Pickaway County Public Health 110 Island Rd. Suite C Circleville, Oh 43113 P: (740) 477-9667 F: (740) 474-5523 www.pchd.org

### **Drive to Succeed Scholarship Application**

The Drive to Succeed Program is an initiative of the Ohio Department of Public Safety and Ohio Traffic Safety Office to provide funding for income eligible students to complete a driver's education program. Pickaway County Public Health (PCPH) was awarded grant funding to facilitate the Drive to Succeed Program.

Program Eligibility:

- Be a student at Circleville High School, Logan Elm High School, Teays Valley High School, Westfall High School, or New Hope Christian Academy
- Provide verification or documentation of financial need
- Have a minimum 2.5 GPA
- Have no more than 18 hrs. of unexcused absences in the current or previous semester
- Provide two (2) letters of recommendation from school personnel (teachers, coaches, SRO, etc.)
- There is a \$50 deposit required per participant; all other fees for the driver's education program will be paid by Pickaway County Public Health (PCPH) directly to the driving school. The deposit should be paid to the Driving School prior to beginning classes.

This program does not cover fees related to obtaining a permit, driver's license or driver's insurance. It only covers the cost of the classroom and behind the wheel instruction that is required to take the driver's license exam. By completing this form, you acknowledge that you understand Pickaway County Public Health is only providing the driver's education fees; we do not assume any responsibility for the instruction, other fees, insurance cost, or liability of any participant receiving a scholarship.

#### \*\*\*\*PLEASE READ\*\*\*\*\*

After submitting your application with all verification requirements, PCPH will review all application material, and you will receive a letter indicating if you have been awarded a scholarship. PCPH's partner driving schools are **Neff's Driving School** and **Class A+ Driving School** and applicants are responsible for contacting their preferred school to schedule their class, if awarded.

In addition, students will be required to participate in follow-up surveys from OTSO, to help the department track the effectiveness of the program, identify additional barriers and assess the extent to which the scholarship results in real-life, positive impact for the youth driver recipients.



## Student Affidavit

□ I understand that I must meet all the eligibility requirements to be considered for a **Drive to Succeed** Scholarship Grant.

□ I understand that I am responsible for contacting the Driver Education School and completing enrollment in the class and driving time.

□ I understand I must pay **\$50** towards my Driver's Education Class.

□ I understand I must complete pre and post enrollment surveys which will be received via e-mail.

Print Name

Signature

# Parent Affidavit

 $\Box$  I/we confirm that the applicant has not received teen driving education in the state of Ohio.

**Print Name** 

Date

Signature

Date



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IU.	DE	COMPL		DIINE	STUDENT

Date:							
Student Name:							
Address:							
Street	City	Zip Code					
Personal (non-school) e-mail:							
Cell Phone Number:							
Date of Birth: (MM/DD/YEAR):							
Parent/Guadian Name:							
Parent/Guadian Phone:							
Parent/Guadian E-mail:							
What School District do you attend: (For PRCTC, EFCTS, or PASS students, select home school)							
□ Circleville							
🗆 Logan Elm							
Teays Valley							
□ Westfall							
New Hope							
Do you have a driving permit: $\Box$ Yes $\Box$	No						
If yes, date it was received:	Permit #:						
If no, date anticipated to receive:	·						

Which Driver Education School do you plan to attend?

□ Neff's Driving School

 $\Box$  Class A+ Driving School



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### TO BE COMPLETED BY SCHOOL PERSONNEL

Student Name: \_\_\_\_\_

Name of School Personnel completing this form: \_\_\_\_\_\_

Please verify the following:

- Student receives reduced/free lunch

   Yes
   No (If no, student must provide other documentation of financial need)
- 2. Student has a GPA of at least <u>2.5</u>
  □ Yes
  □ No
- 3. Student has no more than <u>18 hrs.</u> of unexcused absences in the current or previous semester
  - 🗆 Yes
  - 🗆 No

Signature of School Personnel

Date

\*Attach 2 Letters of Recommendations from teachers, coaches, SRO, or other school personnel\*

### Submit Application in full to:

Betsy McGraw

bmcgraw@pchd.org