



**BOYS & GIRLS CLUB**  
OF FREMONT COUNTY



# The Fremont County Colorado Opportunity Scholarship Initiative

## COSI Matching Scholarship Application

**Deadline**  
**June 5, 2025 (Fall Semester)**

Dear Student:

Thank you for your interest in applying for matching funds to supplement your recently received scholarship. The Fremont County Colorado Opportunity Scholarship Initiative Scholarship, in collaboration with the Boys & Girls Club of Fremont County, is utilizing available state funds to award matching scholarship dollars to eligible students. Please complete all necessary information in this application packet and return to:

COSI Scholarship  
Fremont County Commissioners  
615 Macon Room 105  
Canon City, CO 81212

Scan/Email to: [wolfe.sww@gmail.com](mailto:wolfe.sww@gmail.com) or,  
[kathy.lutz@fremontco.com](mailto:kathy.lutz@fremontco.com) or,  
[dwayne.mcfall@fremontcountyco.gov](mailto:dwayne.mcfall@fremontcountyco.gov)

Applications may be delivered in person, sent via U.S mail, or emailed to one of the above. Applications must be received by the close of business on **June 5, 2024**.

Please review the following list of guidelines before proceeding with the application. The selection process for all potential scholarship applicants is as follows:

1. All matching scholarship amounts awarded are based strictly on funds available. Students may apply for up to three (3) matches.
2. Matching funds will be awarded for the **Fall 2025 semester** only.
3. All applicants will be notified of their status of the application (scholarship recipient or regrets) by **June 25, 2025**.

The County Commissioners and the BGCFC wish you luck with your educational endeavors and we look forward to helping you achieve your educational goals.

Sincerely,

*Mr. Steven Wolfe*

Interim Coordinator, FCCOSI Scholarship

# 2025-2026 Matching Scholarship Application

## SCHOLARSHIP ELIGIBILITY

- Applicant must be a current resident of Fremont County
- Applicant must be a new or continuing post-secondary student
- Applicant must attend a Colorado institute of higher education with an identified Student Support Services program.
- Applicants must show they meet COSI eligibility by completing the attached COSI Supplemental Qualifying Worksheet

## REQUIREMENTS FOR MATCHING SCHOLARSHIP RECIPIENTS

- Depending on the program, students must be full time and/or enrolled in a minimum of twelve (12) credit hours. This may be adjusted for some PCC programs.
- Reapplying students must maintain a 2.5 GPA
- Students must participate in a student support program offered by the college/institution they attend that will assist with persistence and successful completion of a certificate or degree.

## Required Application Supporting Documentation:

*Incomplete applications will not be considered.*

SAR (FAFSA)

Cover page of the 2025-2026 Student Aid Report with SAI number and Pell Eligibility

- (Print out provided after the FAFSA has been completed)

COSI Supplemental Qualification Worksheet with verification documentation

**Students already in the COSI program do not have to supply this information.**

# 2025-26 COSI Matching Scholarship Application

Please type or print clearly in black or blue ink. Submit or mail completed application packet to:

COSI Scholarship  
Fremont County Commissioners  
615 Macon Room 105  
Canon City, CO 81212

Scan/Email to: [wolfe.sww@gmail.com](mailto:wolfe.sww@gmail.com) or,  
[kathy.lutz@fremontco.com](mailto:kathy.lutz@fremontco.com) or  
[dwayne.mcfall@fremontcountyco.gov](mailto:dwayne.mcfall@fremontcountyco.gov)

## Applicant Information (Incomplete application packets will not be considered)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ **DOB** \_\_\_\_\_

Email: \_\_\_\_\_ **SSN** \_\_\_\_\_

**Race/Ethnic Origin:** Hispanic  White  African American  Asian  Other: \_\_\_\_\_

**PELL Eligible:** Yes \_\_\_ No \_\_\_

## Please identify the scholarship(s) you have received for which you are requesting matching funds:

Name of Scholarship: \_\_\_\_\_ Amount: \_\_\_\_\_

Organization giving scholarship: \_\_\_\_\_

Representative for organization giving scholarship: Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name of Scholarship: \_\_\_\_\_ Amount: \_\_\_\_\_

Organization giving scholarship: \_\_\_\_\_

Representative for organization giving scholarship: Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name of Scholarship: \_\_\_\_\_ Amount: \_\_\_\_\_

Organization giving scholarship: \_\_\_\_\_

Representative for organization giving scholarship: Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

## Education Information

High School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College/University: \_\_\_\_\_ **Student ID number** \_\_\_\_\_

Proposed Major/Area of concentration: \_\_\_\_\_

I do hereby consent to the release of information regarding my scholarship, academic and financial status (including photos) to the Boys & Girls Club of Fremont County. I also consent to release any information for publication. All the information in this application and supporting documents is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Print full name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Terms and Conditions of Scholarship Academic Year 2025-2026 Contract Agreement

Following are the terms and conditions which govern the receipt of the scholarship. You acknowledge that you have read and reviewed the following terms and conditions and that you agree to be bound by them. Boys and Girls Club of Fremont County reserves the right, in its sole discretion, to change these terms and conditions at any time without prior notice.

1. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter hereof and supersedes in their entirety any and all written or oral agreements previously existing between the parties with respect to such subject matter.

**Student Initials:** \_\_\_\_\_

2. The terms and conditions of this Agreement may not be amended, supplemented, or altered by any other document(s) and any attempt to amend, supplement, or alter is null and void unless agreed to in writing by both parties.

**Student Initials:** \_\_\_\_\_

3. Scholarship recipients must maintain a minimum, 2.5 cumulative GPA. Scholarship recipients must maintain at least 12 credit hours to receive this scholarship as an undergraduate. The scholarship may be prorated for schedules with less than 12 credit hours.

**Student Initials:** \_\_\_\_\_

4. Scholarship Student must participate in an approved student support program offered by the college they attend that will assist with persistence and successful completion of a certificate or degree

**Student Initials:** \_\_\_\_\_

*I agree to abide by the terms and conditions of the Fremont County Contract Agreement and hereby consent to the release of information concerning my academic and financial status to the Boys & Girls Club of Fremont County.*

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fremont County Representative

\_\_\_\_\_  
Date

# COSI Supplemental Qualification Worksheet – all information will remain confidential

Name \_\_\_\_\_

Date \_\_\_\_\_

SAI from FAFSA \_\_\_\_\_

To qualify for a COSI match, you must meet **one of the following qualifications:**

Please mark those that apply to you/your family and provide documentation for one:

- Qualify for a Pell Grant award of any amount (from FAFSA or Federal Student Aid Estimator)
- Eligible for Free and Reduced Lunch Benefits
- Temporary Assistance to Needy Family (TANF) Benefits
- Supplemental Nutrition Assistance Program (SNAP) Benefits
- Medicaid Eligibility
- Supplemental Security Income (SSI), or Disability Benefits
- Sector 8 Housing Voucher
- Women, Infants, and Children (WIC) Benefits
- An income below the current federal income reporting level
- Colorado Child Care Assistance Program

If you do not qualify using any of the criteria above, you can use the Dependent Student Guideline based on the Adjusted Gross Income (AGI) from your parent(s) 2022 or 2023 Federal Income Tax return. **Circle the AGI Limit that applies to you in the table below.** AGI must be less than the maximum amount below:

Parent Status \_\_\_\_\_ Family Size \_\_\_\_\_ AGI \_\_\_\_\_

	Single Parent	NOT a Single parent	
Family Size	COSI AGI Limit (250% of Pell Eligibility)	COSI AGI Limit (250% of Pell Eligibility)	Eligible – Yes or No
2	\$148,770	\$125,882	
3	\$186,210	\$158,332	
4	\$225,470	\$190,832	
5	\$263,820	\$223,232	
6	\$302,170	\$255,682	
7	\$340,520	\$288,132	
8	\$378,870	\$320,582	