

**EXHIBIT A
TO
STIPULATION OF
SETTLEMENT AND
COMPROMISE**



COMMUNITY
FOUNDATION
of Northeast Alabama

Evans Litigation Scholarship Fund Application
College/Continuing Education
Due (TBD)

ALL APPLICANTS: COMPLETE EITHER SECTION A OR SECTION B

Applicant Name _____
Last First Middle

Mailing Address _____

City: _____ State _____ Zip Code _____

Phone: _____ E-mail _____

Date of Birth: _____ Last Four Digits of Social Security Number: _____

Section A DEPENDENT If you are under 24 years old and not married

**Parent/
Guardian
Information**

Mother: _____
Last First Middle

Day Phone: _____ Mother's Annual Income: _____

Occupation and Company Name: _____

Father: _____
Last First Middle

Day Phone: _____ Father's Annual Income: _____

Occupation and Company Name: _____

Number of people in household (include yourself, parents, siblings, etc.): _____

Number in college: _____

Are your parent's assisting with your college expenses? ☐ Yes ☐ No

Section B INDEPENDENT If you are under 24 years old and older, married, or support a child (more than 1/2 of their support)

Number of people in household (include yourself, spouse, children, siblings, etc.): _____

Specify who the other people are that live in your household other than yourself (i.e., Tommy-brother, Karen-stepsister.): _____

Number in college: _____

Applicant's Annual Income: Applicant's Occupation: _____

Spouse's Annual Income: Spouse's Occupation: _____

**High
School Data**

School Name: _____ Graduation Date: _____

City: _____ State: _____

**Post Secondary
School Data**

List the institutions to which you have applied and/or to which you have been accepted. List these in order of your choice (first choice listed first):

1st Choice: _____ Accepted? Yes ☐ No ☐ Pending ☐2nd Choice: _____ Accepted? Yes ☐ No ☐ Pending ☐

Major: _____

Course/Class: _____

Certification: _____

Additional Scholarship Name and Amount Awarded: _____

_____**Transcript
Summary**An official transcript **must** be sent with this application. On-line transcripts and grade reports are not acceptable.**High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have the following information completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____
--

Cumulative Grade Point Average	
Weighted: _____	/4.0 scale
Unweighted: _____	/4.0 scale

	SAT 1	
Writing	Verbal	Math

ACT	
English	Math

School Official's Signature: _____ Title: _____

**Activities, Awards
and Honors**Please list all school or community activities in which you have participated during the **past four years** (e.g. Student government, music, sports, etc.). Note all special awards, honors and offices held. **Indicate whether high school or college activities. Do not use acronyms.**

Activity	No. of Years	Special Awards, Honors	Offices Held	Activity	No. of Years	Special Awards, Honors	Offices Held

Goals and Aspirations

Please state your educational and career goals: _____

Unusual Circumstances

Please explain how any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.



Disqualified Persons Policy

The Internal Revenue Service may impose serious penalties on a public charity that engages in or allows disqualified gifts, grants, contracts or transactions. The Community Foundation takes great effort to avoid or prohibit transactions among persons who are prohibited from benefiting due to their service as a member of the Board of Trustees, a former trustee (within the past five years) or a staff person. The following list includes the current persons who are deemed to be disqualified persons:

JO RHEA FORD	EULA TATMAN	JAN HURD
ANNE JACKSON	SUSAN WALDRON	REDGE THAGGARD
JANICE HUDSON	SUSAN WILLIAMSON	JUANITA JARRIELS
DR. D. WESLEY SMITH	STEVEN FOLKS	BARBARA MCCAIN
TERRY CHILDERS	ANNE CARRUTH	ANGELA DICKERT
ANTHONY COOK	GLENDA BARKER	MARY ELIZABETH JOHNSON
DR. LEWIS DOGETT	FORREST FRENCH	DAVE HOFLAND
JOSEPH B. FREEMAN	JUDY GOULD	NATOSHA SCOTT
ROBERT SMITH	CHERYL POTTS	CATHY CLIFTON
DEBORAH DAVIS, CPA	JACK SWIFT	MARY BENHARD
MAJOR GENERAL GERALD G. WATSON	SUSAN GIBBINS	LYNDA AKER
DR. ARTHUR TOOLE, III	TOMMIE J. GOGGANS, III	
VIKKI FLOYD	WAYNE CARMELLO-HARPER	
LEON GARRETT	ESTA SPECTOR	
MARTHA VANDERVOORT	ANGELA BANKS	

In requesting a grant or scholarship from the Community Foundation of Northeast Alabama or any fund affiliated with the Community Foundation, I affirm that I am not related to any of the above persons within the third degree (parent, spouse, child, grandchild, great grandchild, niece, nephew, or first cousin). These relationships include persons who are legally adopted. I further understand that if a disqualifying relationship is identified that I will forfeit the grant or scholarship award and may be legally responsible for reimbursing the Community Foundation for funds received.

Print Name

Date

Signature

Note – To be considered eligible, attach the following documents to this application form in this order in one application packet.

- a) Completed Scholarship Application
- b) Typed essay as specified in guidelines.
- c) Current Complete Transcript(s) of Grades (including grading scale) if applicable.
- d) Student Aid Report of your Free Application for Federal Student Aid (FAFSA), which reflects your Expected Family Contribution (EFC). This can be accessed at www.fafsa.ed.gov (If applicable)
- e) Two Scholarship Recommendation Forms. At least one must come from a teacher, school personnel, or other adult who can attest to your merits. (College applicants only)
- f) Evans Litigation Scholarship Fund Verification – Each applicant is required to verify eligibility as an applicant from Property Settlement Zone 1 or an applicant from Property Zone 2, using the attached form “**Verification of Eligibility**”.

Due Date: Complete application packets must be received no later than **5pm** on **(DATE)**. Faxes and e-mails will not be considered.

Mail Application to: Eula Tatman, Vice President
P.O. Box 1826
1130 Quintard Avenue Suite 100
Anniston, AL 36202
etatman@yourcommunityfirst.org
256-231-5160 ext. 26

APPLICATION AND INFORMATION RELEASE STATEMENT

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from receiving the scholarship.

I (please print your name) _____, give permission for any college, school, or individual to release to The Community Foundation of Northeast Alabama, Inc. any information necessary to process or maintain my scholarship.

I understand that it is my responsibility to ensure that all required documents attached to the application form and are received by the Community Foundation by 5pm of the due date. I understand that late and incomplete applications will be disqualified.

Your Signature: _____ Date: _____

Community Foundation of Northeast Alabama 2010 – 2011 Academic Year

SCHOLARSHIP RECOMMENDATION FORM

The student named below is applying for a scholarship administered by The Community Foundation of Northeast Alabama. Your recommendation is needed as part of the application process. Please return this form to the applicant (in a sealed envelope with your signature across the flap) so he/she may submit it as part of a complete package.

To be completed by the applicant:

Your name: _____

Your address: _____

School you will attend next fall: _____

To be completed by reference:

In what capacity have you known the applicant?

_____ Student _____ Employee _____ Other (specify) _____

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

For referral purposes: You have been asked to provide information in support of this application. Please give place an X in the appropriate statements. When complete, please return to applicant in a sealed envelope.

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates leadership skills	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Discuss a specific example where the applicant demonstrated strong character traits: _____

Name _____ Title _____

Telephone (_) _____ E-mail: _____

Signature _____ Organization _____ Date _____

This application form consists of 9 pages, including the recommendation forms and the verification of eligibility form. If you are missing any pages, please go to www.yourcommunityfirst.org for the complete form.

Community Foundation of Northeast Alabama 2010 – 2011 Academic Year

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Your name: _____

Your address: _____

School you will attend next fall: _____

To be completed by reference:

In what capacity have you known the applicant?

_____ Student _____ Employee _____ Other (specify) _____

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The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Discuss a specific example where the applicant demonstrated strong character traits: _____

Name _____ Title _____

Telephone _____ E-mail _____

Signature _____ Organization _____ Date _____

**VERIFICATION OF ELIGIBILITY AS APPLICANT
FOR EVANS LITIGATION SCHOLARSHIP FUND**

In order for your Scholarship Application to be considered, you must provide the information requested below:

Applicant Name _____

Current Mailing Address: _____

Telephone Number: _____ - _____ - _____

Social Security Number: _____ - _____ - _____ (this is needed in order to submit appropriate forms to the Internal Revenue Service)

Are you currently in bankruptcy? _____ Yes _____ No

Proof of Ownership

In order to be eligible for scholarship benefits, you must be the Owner, Former Owner, spouse, child, grandchild or dependent of an Owner or Former Owner of residential (improved or unimproved) property located in Property Settlement Zones 1-A, 1-B, 1-C, 1-D or 2.

Please indicate whether you are making application as:

_____ Owner	_____ Former Owner
_____ Spouse of Owner	_____ Spouse of Former Owner
_____ Child of Owner	_____ Child of Former Owner
_____ Grandchild of Owner	_____ Grandchild of Former Owner
_____ Dependent of Owner	_____ Dependent of Former Owner

If you are making application as a spouse, child, grandchild or dependent of an Owner or Former Owner, indicate the name of the Owner or Former Owner under whom you are claiming:

Address of Property under which you are claiming: _____

Indicate the Property Settlement Zone under which you are claiming: _____ Zone 1-A
 _____ Zone 1-B
 _____ Zone 1-C
 _____ Zone 1-D
 _____ Zone 2

You should submit copies of as many of the following documents as possible with your completed Scholarship Application to prove ownership of property. If you are making a claim as or by relationship to a Former Owner, please provide this information regarding both your original purchase and your sale of the property in question:

- Recorded deed of sale
- Closing statement
- Mortgage statement

- Property tax bill
- Utility bill
- Phone bill
- Lease agreement with a tenant

If you or the property fall into any of the categories underlined below, the additional documentation noted must be provided:

- You are divorced – Recorded divorce decree.
- The property is in a trust or an Estate – Deed from the purchase of the property by the deceased, death certificate, and a quitclaim deed (if the property was transferred to an heir). If there is an estate or will, the Executor of the estate must provide the probated will to identify heirs and a copy of the Letters Testamentary to prove the name of the Executor.
- Bond for Title financing – If the property was financed by a Bond for Title agreement (BFT) or a Contract for Deed agreement (CFD), provide the agreement and a recorded release of the BFT or CFD agreement, if applicable.
- Tax Sales – For property bought at a tax sale, a recorded copy of the tax deed.

Verification of Status as a Class Member

If you are claiming benefits as a result of your status as a spouse, child, grandchild, or dependent of an Owner or Former Owner, you must, in addition to providing proof of ownership of property in Property Settlement Zones 1-A, 1-B, 1-C, 1-D or 2, provide the applicable proof of status described below:

- If you are making application as a spouse of an Owner or Former Owner, provide a copy of the marriage license with the Owner or Former Owner of the property.
- If you are making application as a child of an Owner or Former Owner, provide a copy of your birth certificate or adoption papers showing your relationship with the Owner or Former Owner of the property.
- If you are making application as a grandchild of an Owner or Former Owner, provide a copy of your birth certificate or adoption papers and the birth certificate or adoption papers of a parent showing his/her relationship with the Owner or Former Owner of the property.
- If you are making application as a dependent of an Owner or Former Owner, provide a copy of the most recent federal tax return of the Owner or Former Owner of the property showing your status as a dependent.

Additional Verification if Claiming Relative to Settlement Zone 1-D

If you are claiming benefits in connection with property located in Settlement Zone 1-D, your certification below is an affirmation that you understand any scholarship amount you are awarded will be reduced by \$250.00 if the Current Owner of the property received a direct cash payment under the settlement agreement.

I certify that all information on this form and the documents are true and correct.

Applicant: _____

Date: _____