

WILL COUNTY
CENTER FOR COMMUNITY CONCERNS

304 N. SCOTT STREET, JOLIET, ILLINOIS 60432
PHONE: 815-722-0722 FAX: 815-722-6344

Scholarship Application

YOUR COMPLETED APPLICATION IS DUE BY: FEBRUARY 03, 2012

Dear Scholarship Applicant:

Thank you for your interest in the Community Services Block Grant Scholarship program. The maximum available per student this calendar year is \$1,000.00. Payments will be made directly to your school. If you are approved for this scholarship, you will receive a notification letter which you take to your school so that they may bill the Agency. General information about scholarship recipients is used for publicity purposes. A publicity release certification is included right above the signature line on the enclosed application form.

In order to be considered for the Scholarship Program, you must provide the following documents. Incomplete applications will not be considered. If you have any questions please contact the office before submitting your application to ensure you are gathering all needed documentation.

- ✓ Completed application form
- ✓ Completed Information Referral sheet
- ✓ Complete Zero Income Affidavit (if anyone in household is age 18 yrs or older with no income for period during the 90 days of requested income)
- ✓ Copy of your Photo ID and Social Security Card
- ✓ Social Security Cards for all other members of your household
- ✓ Proof of your total household gross income (wages, SSI / SSA, unemployment, etc) for the 90 days prior application date (the date application is submitted)
- ✓ If employment stopped within the last 120 days we will need proof of the last day of work and last check(s) received within the last 90 days.
- ✓ Unemployment printout is needed for anyone 18 yrs or older with no income
- ✓ Proof of benefits you have received from Dept. of Human Services (Public Aid) in the last 90 days [printout of LINK card (food stamps), medical card, etc.).
- ✓ Lease (complete with signature page), mortgage statement, property tax bill, or deed to verify residency.
- ✓ If already enrolled, please submit information from the college you are attending.

If there are any questions regarding this application, I can be reached at (815) 722-0722, ext. 222.

Applications received after February 3, 2012 may not be considered for review.

Sincerely,

Maureen Pool
Operations Coordinator

WILL COUNTY
CENTER FOR COMMUNITY CONCERNS

304 N. SCOTT STREET, JOLIET, ILLINOIS 60432

PHONE: 815-722-0722 FAX: 815-722-6344

INSTRUCTIONS: Please type or print clearly. Answer all questions. Incomplete applications will not be considered.

| | | |
|-------------------|------------------------|-------|
| _____ | _____/_____/_____ | |
| Name of Applicant | Social Security Number | |
| _____ | _____ | _____ |
| Address | City | Zip |
| _____ | _____ | |
| Phone # | Date of Birth | |

Name & Address of last high school attended:

| | |
|-------------|----------------|
| _____ | _____ |
| School Name | School Address |

Did you graduate? ___Yes ___NO
If no, have you completed your G.E.D. ___Yes ___No

Name & Address of college choice:

| | |
|-------------|----------------|
| _____ | _____ |
| School Name | School Address |

Dates you plan to be in attendance:

Have you already applied? ___Yes ___No
Have you been accepted? ___Yes ___No
Do you already attend classes at chosen college? ___Yes ___No

Give brief description of what you plan to study including duration of the course(s) and what, if any, certificate or degree you will receive upon completion.

WILL COUNTY
CENTER FOR COMMUNITY CONCERNS

304 N. SCOTT STREET, JOLIET, ILLINOIS 60432

PHONE: 815-722-0722 FAX: 815-722-6344

List any financial assistance for which you have applied and indicate if each has been approved, denied, or pending:

List any other financial assistance for which you intend to apply in the future:

Please give a brief description of your financial need and the purposes for which a scholarship from Community Services Block Grant will be used.

By signing below, you certify that all the information contained in this application is true to the best of your knowledge. You also give permission for your name, city of residence, school name and course of study to be included in publicity materials related to the scholarship program.

Signature

Date

IMPORTANT

Please return the completed application and all required attachments to the address above. If your application is received after February 3, 2012 it may not be considered.

Please direct all questions and correspondence to Maureen Pool (815) 722-0722 Ext. 222.

WILL COUNTY
CENTER FOR COMMUNITY CONCERNS

304 N. SCOTT STREET, JOLIET, ILLINOIS 60432

PHONE: 815-722-0722 FAX: 815-722-6344

**COMMUNITY SERVICES BLOCK GRANT
SCHOLARSHIP SELECTION PROCESS**

General Provisions

Applications will be considered on a first-come, first-served basis throughout the CSBG program year or until all scholarships are awarded.

If the original awardees do not utilize all available scholarship funds to the extent that at least \$1,000 is left unused, we will advertise additional scholarship availability provided there is adequate time left to expend the funds during the current grant year.

There will be no holdover of applications for applicants who do not receive funding. They must reapply when funding comes available.

Qualifications

There is no upper age limit for recipients. Applicants who are still in high school must be seniors who have already been accepted to a post-secondary school and will start before the end of the CSBG grant year (December 31).

Recipients must qualify under the conditions set forth by the Community Services Block Grant in general, and the Work Program Format entitled "CSBG Scholarship Program" in particular. An attempt to establish financial aid need is also made.

Recipients must attend an accredited Illinois post-secondary institution.

Special Selection Criteria

Scholarships are processed and approved within 60 days from date of application. In the event that more qualifying applications are received, a ranking system will be utilized to choose awardees.

APPLICATIONS RECEIVED AFTER DEADLINE MAY NOT BE CONSIDERED

All chosen applications are presented to the Will County Center for Community Concerns Board of Directors for final approval.

INFORMATION REFERRAL

Date _____

SS# ____/____/____ Date of Birth ____/____/____ Age ____ Gender ____ Male
____ Female
____ Other

Last Name _____ First _____

Address _____ City _____ Zip _____

Township _____ Phone # _____ # of Persons In Household _____

| |
|--|
| Type of Assistance |
| <input type="checkbox"/> ENERGY/LIHEAP |
| <input type="checkbox"/> Info/Referral |
| <input type="checkbox"/> EA/Rent |
| <input type="checkbox"/> EA/Water |
| <input type="checkbox"/> EA/Prescription |
| <input type="checkbox"/> Housing Counsel |
| <input type="checkbox"/> Family Develop. |
| <input type="checkbox"/> Employment Sup. |
| <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Weatherization |

Disabled

- Alcohol Abuse
- Developmental
- Drug Abuse
- HIV/AIDS
- Mental Illness
- Physical/Medical
- Physical/Mobility
- Visual

Family Type

- Female with child/children
- Male with child/children
- Couple with child/children
- Couple/No children
- Single Female
- Single Male
- Other

Active Military?

Yes No

Health Insurance

- Yes
- No
- Medicaid
- Medicare

Veteran

Yes No

Ethnicity

- America Indian
- Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian
- Pacific Islander
- White
- Other _____

Education

- 0
- Kindergarten
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 (non Grad)
- HS Grad/GED
- 12+
- College Grad

Farmer

- Farmer
- Migrant
- Seasonal

Housing Status

- Renting
- Owns Home
- Living w/Family
- Living w/Friend
- Nursing Home
- Domestic Violence Situation
- Treatment Center/
- Emergency Shelter
- Transitional Housing
- Jail/Prison
- Homeless (on the street)
- Other _____

HEAD OF HOUSEHOLD

Are you currently working? Yes ____ No ____
Choose Only One (1)

____ Full Time (Over 35 Hours) ____ Unemployed ____ Retired ____ Volunteer
____ Part Time (1 to 35 Hours) ____ In School ____ Seasonal

Hours Per Week _____ Hourly Wage \$_____

Source of Household Monthly Income

Employment/Wages _____
TANF/P.A. _____
SSA/SSI _____
Pension _____
SSDI/Disability _____
Unemployment _____
Child Support _____
Workers Compensation _____
Other _____

HOUSEHOLD INCOME FOR 90 DAYS _____

Food Stamps ____ Yes ____ No

Application Affirmation and Authorization to Verify Information

Application Statement: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation, and by my signature, I authorize others to release such information as may be required for the determination of my eligibility.

Signature of Applicant _____ Date _____

CSR Signature _____ Date _____

CLIENT HAS RECEIVED A REFERRAL GUIDE HANDOUT Y N

HOUSEHOLD MEMBER INFORMATION

CODING ON APPLICATION PAGE IS TO BE USED ON THIS PAGE FOR EDUCATION LEVEL AND TYPE OF DISABILITY.

Last Name _____ First _____ SS# _____ / _____ / _____
Relationship to HOH _____ DOB _____ Ethnicity _____ Gender M F O
Education Level _____ Food Stamps Y N Card # _____
Health Insurance Y N ___ Medicaid ___ Medicare Disabled Y N
Veteran Y N Farmer Y N Income Source _____ Amount _____

Last Name _____ First _____ SS# _____ / _____ / _____
Relationship to HOH _____ DOB _____ Ethnicity _____ Gender M F O
Education Level _____ Food Stamps Y N Card # _____
Health Insurance Y N ___ Medicaid ___ Medicare Disabled Y N
Veteran Y N Farmer Y N Income Source _____ Amount _____

Last Name _____ First _____ SS# _____ / _____ / _____
Relationship to HOH _____ DOB _____ Ethnicity _____ Gender M F O
Education Level _____ Food Stamps Y N Card # _____
Health Insurance Y N ___ Medicaid ___ Medicare Disabled Y N
Veteran Y N Farmer Y N Income Source _____ Amount _____

Last Name _____ First _____ SS# _____ / _____ / _____
Relationship to HOH _____ DOB _____ Ethnicity _____ Gender M F O
Education Level _____ Food Stamps Y N Card # _____
Health Insurance Y N ___ Medicaid ___ Medicare Disabled Y N
Veteran Y N Farmer Y N Income Source _____ Amount _____

Last Name _____ First _____ SS# _____ / _____ / _____
Relationship to HOH _____ DOB _____ Ethnicity _____ Gender M F O
Education Level _____ Food Stamps Y N Card # _____
Health Insurance Y N ___ Medicaid ___ Medicare Disabled Y N
Veteran Y N Farmer Y N Income Source _____ Amount _____

