

WILL COUNTY
CENTER FOR COMMUNITY CONCERNS

2455 GLENWOOD AVENUE, JOLIET, ILLINOIS 60435
PHONE: 815-722-0722 FAX: 815-722-6344

Scholarship Application

YOUR COMPLETED APPLICATION IS DUE BY: FEBRUARY 12, 2018

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.

- ✓ **Complete** Scholarship application forms
- ✓ **Complete** Information Referral sheets
- ✓ **Complete** Budget form. Monthly expense / cost
- ✓ **Complete** Zero Income Affidavit (for anyone in household that is age 18 yrs or older with no income anytime during the 90 days prior to application date)
- ✓ **Complete** Income Affidavit (for anyone 18 yrs or older with no income anytime during the 90 prior to application date), complete separate form for each household member that this form pertains to. If working for cash note amount received in the last 90 days.
- ✓ 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 to application date (the date application is submitted)
- ✓ If employment / income 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 SNAP amount (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. 209.

Applications received after February 12, 2018 (4:00pm) will not be considered for review.

Sincerely,

Belithia Johnson

WILL COUNTY
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2455 GLENWOOD AVENUE, JOLIET, ILLINOIS 60435
PHONE: 815-722-0722 FAX: 815-722-6344

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

_____	_____/_____/_____ Social Security Number	
Name of Applicant		
_____	_____	_____
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:

Expected date of graduation from college or certificate program _____

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.

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List any financial assistance (school grants only) 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 (for school only):

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 12, 2018 it may not be considered.

Please direct all questions and correspondence to Belithia Johnson (815) 722-0722 Ext. 209.

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**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 the deadline of application submission. 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
____ ENERGY/LIHEAP
____ Info/Referral
____ Rent
____ Water
____ Prescription
____ Housing Counsel
____ Family Develop.
____ Employment Sup.
____ Scholarship
____ Weatherization
____ Food Basket

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 _____

Farmer

- ____ Farmer
- ____ Migrant
- ____ Seasonal

Education

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

Housing Status

- ____ Renting amount \$ ____ subsidized yes or no
- ____ 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 _____

HOUSEHOLD MEMBER INFORMATION

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 # _____
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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 _____

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

(see worksheet)

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 _____

MONTHLY FAMILY BUDGET

NAME: _____

In Household _____

Period Budgeted: _____ to _____

BASIC MONTHLY EXPENSES

Groceries \$ _____
Rent / Mortgage \$ _____
Gas \$ _____
Electric \$ _____
Water \$ _____
Telephone \$ _____
Clothing \$ _____
Laundry \$ _____
Auto Insurance \$ _____
Auto / Gas \$ _____
Medical Expense \$ _____
Day Care \$ _____
Church / Contributions \$ _____
Daily Expenses
(Transport, Meals, Etc.) \$ _____
Child Support \$ _____
Entertainment
(Cable, Movies, Etc.) \$ _____
Hygiene / Grooming \$ _____
Home Repair \$ _____
Other \$ _____

TOTAL EXPENSES \$ _____

TOTAL EXPENSES PAID \$ _____

LOAN / INSTALLMENT PAYMENTS / DEBTS

Loan #1 \$ _____
Loan #2 \$ _____
Loan #3 \$ _____
Loan #4 \$ _____
Inst. Acct. \$ _____
Inst. Acct. \$ _____
Inst. Acct. \$ _____
Inst. Acct. \$ _____
Medical \$ _____
Collections \$ _____
Collections \$ _____
Other \$ _____
Other \$ _____

TOTAL PRIMARY DEBTS \$ _____

INCOME/TAKE HOME PAY (MONTHLY)

Full-time Employment #1 \$ _____
Full-time Employment #2 \$ _____
Part-time Employment \$ _____
Social Security \$ _____
SSI \$ _____
TANF \$ _____
Child Support / Alimony \$ _____
Retirement \$ _____
Unemployment \$ _____
Other Income \$ _____

TAKE HOME PAY \$ _____

SUMMARY OF FINANCIAL STATUS

A. BASIC EXPENSES PAID \$ _____

B. DEBTS PAID \$ _____

TOTAL EXPENSES PAID (A + B) \$ _____

Subtract expenses from take home pay.

Amount left after all expenses
are paid \$ _____

CREDITOR \$ PAYMENT #DELINQUENT BALANCE

Client Services Representative

**ZERO INCOME AFFIDAVIT
CSBG**

Application Date _____ Applicant Name _____

I, _____, attest to the fact that adult members of my household have received zero income for the period covering _____ through _____.

Family Member Name	Relationship	Last Employer	Last Day Worked	Age

Please list the amount of money received to cover these monthly expenses and the name, address and phone number of those who assisted you.

Expense	Amount
Rent	\$ _____
Food	\$ _____
Heat	\$ _____
Electricity	\$ _____
Water	\$ _____
Transportation	\$ _____
Loans	\$ _____
Miscellaneous	\$ _____
Total monthly expense	\$ _____
90 day total expenses	\$ _____

The above financial obligations were met during the reporting period by:

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Signature of Applicant

Date

Witnessed by

Date

MUST BE RETURNED BY _____

COMMUNITY SERVICE BLOCK GRANT PROGRAM
INCOME AFFIDAVIT

I, _____ attest to the fact I have received \$ _____ gross income for the period covering _____ to _____.

I met my financial obligations during the 30-day period by:

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Signature

Date

Social Security Number

Name of Head of Household

Street Address

City

State

Zip

Witnessed by Date
