

DeKalb County Community Action is now accepting applications for the Community Services Block Grant Scholarship. These scholarships are funded through a Community Services Block Grant and will be awarded for the 2015-2016 academic year.

The basic qualifications to be eligible\* for a CSBG Scholarship are:

1. Be a permanent resident of DeKalb County.
2. Be a member of a household whose gross income does not exceed 125% of the Federal Poverty Level (FPL available on DCCAD website). The income is based on the last 90 days of dated application.
3. Be accepted at an accredited Illinois 2 or 4 year institution for an undergraduate degree.
4. If receiving/anticipating other scholarships and/or financial aid, they must not cover the entire cost of tuition, books, fees, and room and board (if in student housing).

\*This is a competitive scholarship. Not all applicants who are eligible will be chosen as a recipient.

The application process consists of four parts:

1. Application form to be completed **on-line** at [www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org) then printed out, signed, and submitted with documents listed in number 2 below.
2. Include Copies of Documentation for:
  - a. Income for the past 90 days (about three months) from date on your application. This includes check stubs from employment, proof of child support received, Social Security benefits award letter, pensions, TANF verification, unemployment, Township General Assistance, and any other income received.
  - b. Photo I.D. for adults in household.
  - c. Social Security Cards for all household members.
  - d. DeKalb County residency (example: lease, bill, etc.).
  - e. Any other financial aid towards education.
3. Two letters of Recommendation (must be sent directly to DCCA by references at:  
DeKalb County Community Action Department  
c/o Scholarship Committee  
2550 N. Annie Glidden Rd.  
DeKalb, IL 60115).
4. Meeting with a DeKalb County Community Action Family Support Specialist to discuss application and educational goals after application is submitted (DCCA will call applicant to schedule this).

The completed application form and accompanying documentation must be received in our office by **4:30 p.m. Friday, June 19, 2015**. Letters of award or denial will be sent to applicants by the beginning of August, 2015.

# **2015-2016 CSBG SCHOLARSHIP APPLICATION**

**Important:** This application must be completed on your computer. DO NOT print and then fill out! Save this application to your computer or flash drive. This way you can work on this over a period of time. Completely answer every question. Any applications that are not complete will be automatically disqualified.

## **Applicant Information**

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

High School Attending/Attended or GED: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

Disabled: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity (check all that apply): White ☐ Black ☐ Asian ☐ Nat. Amer. ☐ Other ☐ \_\_\_\_\_

Hispanic Origin: \_\_\_\_\_

How long have you resided in DeKalb County? \_\_\_\_\_

### Applicant's Work History:

<u>Company</u>	<u>Job Title</u>	<u>Dates of Employment</u>
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

List any school or community activities, awards, organizations, clubs, offices, or honors you would like to bring to the Scholarship Committee's attention:

**INSTITUTION INFORMATION**

School scheduled to attend fall 2015 & spring 2016: \_\_\_\_\_

Accepted: \_\_\_\_\_

If yes, enclose a copy of acceptance letter.

If pending, anticipated date of notification: \_\_\_\_\_

(Must be accepted before scholarship due date)

Anticipated Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Number of semester hours enrolled or anticipated for fall 2015: \_\_\_\_\_

Number of semester hours anticipated for spring 2016: \_\_\_\_\_

What is the tuition or class cost? \$ \_\_\_\_\_ Semester/Year \_\_\_\_\_

**Scholarship/Financial Aid Information**

Other Scholarships Or Financial Assistance:	Pending or Received (must know amount before scholarship due date)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		<b>Total:</b> \$ _____

## FAMILY INCOME

In completing this form, please list gross income received from each member living in the household from all sources during the 90 days immediately preceding the date on this application. You will need to attach income documentation for all income listed below. This includes check stubs from employment, proof of child support received, Social Security benefits award letter, pensions, TANF verification, unemployment, Township General Assistance, and any other income received. If you need assistance in completing this form, please contact the DeKalb County Community Action Department at (815) 758-3910.

Number of family members residing in the household: \_\_\_\_\_

List all household members (including you). If no income, choose N/A.

<u>Name</u>	<u>S.S. Number</u>	<u>Date of Birth</u>	<u>90 Day Income</u>	<u>Sources of Income</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Other Income or Benefits: \$ \_\_\_\_\_

SNAP: \_\_\_\_\_ Medicaid: \_\_\_\_\_ Subsidized Housing: \_\_\_\_\_

**(Complete section below only if you are a dependent living in parent's/guardian's household.)**

As parent/guardian of applicant for the Community Services Block Grant Scholarship, I certify that the above information is true and accurate to the best of my knowledge and that any inaccuracies may result in disqualification.

Signature of head of household: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## **Requirements for Narrative and Recommendations**

Please write a brief narrative below (not to exceed 300 words) on the topic:

What receiving this scholarship would mean to me, and what I hope to contribute to society.

\*Two letters of recommendation are required, and should be sent directly to DeKalb County Community Action. One recommendation must be from a teacher or school counselor. The second is from a non-relative who can speak to your potential success as a student.

### **APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION**

APPLICANT 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. After application is submitted, I understand a DCCA Family Support Specialist will contact me to schedule a meeting to discuss my application and educational goals. If I am awarded a scholarship, I give DCCA permission to publish my name and picture in DCCA's newsletter, any press releases, and to be identified at my High School's Senior Night (if applicable).

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_