

# DeKalb County

Community Services Department

Community Action Agency

2550 North Annie Glidden Road, DeKalb, Illinois 60115

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Dear Applicant:

Attached you will find the application for the Community Services Block Grant Scholarship. These scholarships are funded through a Community Services Block Grant and will be awarded for the 2009-2010 school year.

To be eligible to apply, you must meet the following criteria.

1. Be a permanent resident of DeKalb County.
2. Be a member of a family whose gross income does not exceed 200% of the poverty level. The income is based on the last 90 days. (Income Guidelines are attached).
3. Be of high academic potential and have a class rank and an ACT score at levels acceptable to the institution to which you are applying.
4. Before the scholarship is awarded, you must be accepted at an accredited Illinois institution. These scholarships are not limited to four-year institutions.

The application process consists of four parts.

1. Application Form
2. Narrative
3. Two letters of Recommendation
4. Income documentation for the past three months. 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.

The complete application must be received in our office by **4:30 p.m. Friday, October 30, 2009**. Letters of acceptance or denial will be sent to applicants mid December 2009.

# CSBG SCHOLARSHIP APPLICATION

**Important:** Completely answer every question. Use N/A if the question does not apply to you. Any applications that are not complete will be automatically disqualified.

## Applicant Information

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

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

\_\_\_\_\_

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

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

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

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

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

Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

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

Hispanic Origin: Yes \_\_\_ No \_\_\_

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

Applicant's Work History:

<u>Company</u>	<u>Job Duties</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:

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**INSTITUTION INFORMATION**

School Scheduled to Attend - Spring 2010: \_\_\_\_\_

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

Pending \_\_\_\_\_

If yes, enclose a copy  
of acceptance letter.

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

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

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

Number of semester hours anticipated for Spring 2010: \_\_\_\_\_

Other Scholarships Or Financial Assistance:	Pending	Rec'd	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you receive this scholarship it would be used for:

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**FAMILY INCOME**

In completing this form, please list gross income received from each member living in the household from all sources during the three months immediately preceding this application. You will need to attach income documentation. 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 Services Department at (815) 758-3910.

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

List all Household Members: (If no income use N/A)

<u>Name</u>	<u>S.S. Number</u>	<u>Age</u>	<u>90 Day Income</u>	<u>Sources of Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Income Or Assistance (Write Yes or No in Line):

Food Stamps: \_\_\_\_\_

Medical Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Subsidized Housing: \_\_\_\_\_

As parent/guardian or 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**

\*Attach a brief narrative (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 recommendations are required, and should be sent directly to DeKalb County Community Services. 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.

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

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

**INCOME ELIGIBILITY GUIDELINES FOR THE DEKALB COUNTY COMMUNITY SERVICES DEPARTMENT CSBG SCHOLARSHIP**

<b>Family Size</b>	<b>3 Months</b>
1	\$5,415
2	\$7,285
3	\$9,155
4	\$11,025
5	\$12,895
6	\$14,765
7	\$16,635
8	\$18,505