Madison County Community Development Scholarship Procedures for 2017-2018

Madison County CSBG Scholarship

1. The amount of each scholarship will be $1,500.00. Awards will be dispersed in two $750.00 increments at the beginning of each semester.

2. Candidates must be residents of Madison County, Illinois.

3. Candidates must meet the 2017 CSBG poverty-level or low-income guidelines, which are attached.

4. Candidates must complete the CSBG intake and family member information forms.

5. Candidates must complete the College Application and provide the last 90 days of gross income verification for all household members over age 18, such as copies of check stubs, printouts or statements.

6. Candidates must submit a copy of their college transcripts or high school transcripts if they are just entering college.

7. Candidates must submit one letter of recommendation from a high school or college official at an institution they have attended or will be attending. Letters of recommendation must be submitted on official letterhead.

8. Candidates must be a student of high academic attainment and/or potential and the scholarship selection process must contain documented fairness. A material review will include attention to the overall appearance of applications, taking into consideration spelling and grammatical errors.

9. Candidates must submit a one-page essay describing themselves, their college plans, and career goals. Essays should consist of students’ personal experiences and/or circumstances. Candidates should tell us something not already or sufficiently communicated in the application, which distinguishes their scholarship candidacy from others. Examples include, but are not limited to:
   - What are your hobbies, special interests, or unique skills?
   - Have you participated in volunteer work? If so, doing what and for how long?
   - Have you previously earned any awards or received special recognitions? If so, what were they and when did you receive them?
   - How would winning this scholarship impact your life?
   - What is your anticipated plan of study and career interests? What do you see yourself doing in five years?
   - What specific goals or ambitions of yours should the scholarship committee be made aware of?

Previous scholarship recipients may apply for the scholarship again so long as they maintain a cumulative grade point average (GPA) of 3.0 on a 4.0 scale. If you have any questions, please call (618) 296-4382. Deadline is Monday, June 12, 2017.
<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>ANNUAL</th>
<th>3 MONTHS</th>
<th>MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$15,075.00</td>
<td>$3,768.75</td>
<td>$1,256.25</td>
</tr>
<tr>
<td>2</td>
<td>$20,300.00</td>
<td>$5,075.00</td>
<td>$1,691.67</td>
</tr>
<tr>
<td>3</td>
<td>$25,525.00</td>
<td>$6,381.25</td>
<td>$2,127.08</td>
</tr>
<tr>
<td>4</td>
<td>$30,750.00</td>
<td>$7,687.50</td>
<td>$2,562.50</td>
</tr>
<tr>
<td>5</td>
<td>$35,975.00</td>
<td>$8,993.75</td>
<td>$2,997.92</td>
</tr>
<tr>
<td>6</td>
<td>$41,200.00</td>
<td>$10,300.00</td>
<td>$3,433.33</td>
</tr>
<tr>
<td>7</td>
<td>$46,425.00</td>
<td>$11,606.25</td>
<td>$3,868.75</td>
</tr>
<tr>
<td>8</td>
<td>$51,650.00</td>
<td>$12,912.50</td>
<td>$4,304.17</td>
</tr>
<tr>
<td>FOR EACH ADDITIONAL PERSON, ADD</td>
<td>$6,538</td>
<td>$1,634</td>
<td>$545</td>
</tr>
</tbody>
</table>
Community Services Block Grant (CSBG) Intake Form

Application Date ______/_____/______  Intake Site ____________________  SSN ______/_____/______

Last Name _____________________________________________________________  First Name __________________________

Street Address ________________________________________________________  City __________________________  Zip ______

Date of Birth ______/_____/______  Age______  Phone ________________________________

Family Demographics

Number of Persons in Household:_______

Race
☐ Black
☐ White
☐ Multi-Racial
☐ Asian
☐ Nat. American/Alaskan
☐ Other

Education
☐ 0-8
☐ 9-12 (Non HS Grad)
☐ HS Grad/GED
☐ 12+ some college
☐ College Grad

Dwelling Type
☐ Single Family unit
☐ Multiple unit 2-4
☐ Multiple unit 5-10
☐ Multiple unit 11+
☐ Mobile home
☐ Single room

Ethnicity
Are you Hispanic?  ☐ No  ☐ Yes

Housing Status & Monthly Cost of Housing

Family Type
☐ Single
☐ Single Parent
☐ Adults with no children
☐ 2 parent family
☐ 2+ related adults with children
☐ Non-parent adult(s) with children
☐ 3+ adults with children
☐ Foster parent
☐ Other

Rent $ __________
Owner $ __________

If homeless, are you sheltered?  ☐ No  ☐ Yes

Do You Receive
Food Stamps?
☐ No  ☐ Yes $ ________

Monthly Amount & Source of Income

Employment $ __________
Pension $ __________
TANF $ __________
SSI $ __________
General Assistance $ __________
Social Security $ __________
Unemployment $ __________
Child Support $ __________
Disability $ __________
Alimony $ __________
VA Benefits $ __________
Worker’s Comp $ __________
Other $ __________
Total $ __________

Marital Status

Are You Disabled?  ☐ No  ☐ Yes

Are You a Veteran?  ☐ No  ☐ Yes

Are you collecting child support payments?
☐ No  ☐ Yes  ☐ N/A

Do you have Health Insurance or a Medical Card?
☐ No  ☐ Yes

Do you have an email address:
☐ No  ☐ Yes:

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 the determination of my eligibility requires verification and/or documentation, and by my signature, I authorize the release of such information as may be required for the determination of my eligibility.

Signature of Applicant ____________________________  Date: ____________________________

Intake Worker Signature _________________________  Date: ____________________________
Family Member Information

Relationship to head of household
DOB: __________/________/________

Last Name: __________________________  First Name: __________________________  SSN: __________/________/________

Race: _____  Hispanic: ☐ No  ☐ Yes  Sex: ☐ Male  ☐ Female  Education: ________  Veteran: ☐ No  ☐ Yes
Disabled: ☐ No  ☐ Yes  Insurance/Med card: ☐ No  ☐ Yes  Income Source: ________  Monthly $: ________

Relationship to head of household
DOB: __________/________/________

Last Name: __________________________  First Name: __________________________  SSN: __________/________/________

Race: _____  Hispanic: ☐ No  ☐ Yes  Sex: ☐ Male  ☐ Female  Education: ________  Veteran: ☐ No  ☐ Yes
Disabled: ☐ No  ☐ Yes  Insurance/Med card: ☐ No  ☐ Yes  Income Source: ________  Monthly $: ________

Relationship to head of household
DOB: __________/________/________

Last Name: __________________________  First Name: __________________________  SSN: __________/________/________

Race: _____  Hispanic: ☐ No  ☐ Yes  Sex: ☐ Male  ☐ Female  Education: ________  Veteran: ☐ No  ☐ Yes
Disabled: ☐ No  ☐ Yes  Insurance/Med card: ☐ No  ☐ Yes  Income Source: ________  Monthly $: ________

Relationship to head of household
DOB: __________/________/________

Last Name: __________________________  First Name: __________________________  SSN: __________/________/________

Race: _____  Hispanic: ☐ No  ☐ Yes  Sex: ☐ Male  ☐ Female  Education: ________  Veteran: ☐ No  ☐ Yes
Disabled: ☐ No  ☐ Yes  Insurance/Med card: ☐ No  ☐ Yes  Income Source: ________  Monthly $: ________

Relationship to head of household
DOB: __________/________/________

Last Name: __________________________  First Name: __________________________  SSN: __________/________/________

Race: _____  Hispanic: ☐ No  ☐ Yes  Sex: ☐ Male  ☐ Female  Education: ________  Veteran: ☐ No  ☐ Yes
Disabled: ☐ No  ☐ Yes  Insurance/Med card: ☐ No  ☐ Yes  Income Source: ________  Monthly $: ________

Relationship to head of household
DOB: __________/________/________

Last Name: __________________________  First Name: __________________________  SSN: __________/________/________

Race: _____  Hispanic: ☐ No  ☐ Yes  Sex: ☐ Male  ☐ Female  Education: ________  Veteran: ☐ No  ☐ Yes
Disabled: ☐ No  ☐ Yes  Insurance/Med card: ☐ No  ☐ Yes  Income Source: ________  Monthly $: ________

Relationship to head of household
DOB: __________/________/________

Last Name: __________________________  First Name: __________________________  SSN: __________/________/________

Race: _____  Hispanic: ☐ No  ☐ Yes  Sex: ☐ Male  ☐ Female  Education: ________  Veteran: ☐ No  ☐ Yes
Disabled: ☐ No  ☐ Yes  Insurance/Med card: ☐ No  ☐ Yes  Income Source: ________  Monthly $: ________

Notes:
ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

Personal Information

Student Id Number:

Email Address:

Mailing Address:

City: State: Zip Code:

Prospective Major:

Career Goal(s):

Name/Location of College Currently Attending:

GPA: Proposed Graduation Year:

Year in School (Circle): Freshmen Sophomore Junior Senior Graduate

Date of Birth: Telephone Number: 
Volunteer Work and Community Service (unpaid) – Please add additional pages as needed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description (Note any leadership positions)</th>
<th>Hours Per Week</th>
<th>Weeks Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employment (paid) – Please add additional pages as needed.

<table>
<thead>
<tr>
<th>Organization/Position</th>
<th>Responsibilities</th>
<th>Hours Per Week</th>
<th>Dates Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Scholarships/Financial Aid

Please list any scholarships and/or financial aid you have already received. Include the scholarship amount, time frame and what expenses the award covers:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________
Please note that failure to provide all of the required information will result in your application not being considered by the selection committee.

Applicant Certification

Your signature is required below. Without your signature, your application is not complete.

I certify that the information provided in this application is true, complete and accurate and that all statements and essays are my own work.

Signature of Application                       Date