

COMMUNITY SERVICES BLOCK GRANT (CSBG) SCHOLARSHIP

OBJECTIVE

The CSBG Scholarship is designed, in cooperation with the Illinois Department of Commerce and Economic Opportunity, to provide financial assistance to low-income and disadvantaged persons of high academic attainment or potential, with preference given to applicants of racial or ethnic minorities. Scholarships will go toward providing formal education or occupational training in an accredited Illinois educational institution to CSBG-eligible clients, with particular consideration given to study in high technology areas or other growth occupations. Education and training made possible through the scholarships include either general education to achieve short-term training (2 years or less) in growth occupation skills, or general post-secondary education. This is a competitive scholarship based on merit, not solely on financial need.

Eligibility:

1. CSBG income-eligible, see enclosed guidelines.
2. DuPage County resident.
3. Enrolled or accepted at an Illinois accredited higher educational or occupational training institute.
4. Applicants must have a minimum 2.5 GPA on a 4.0 scale.

Stipulations: **This award will be retracted if it causes a reduction in any other financial aid.**

This award will be retracted if not utilized entirely for educational related purposes.

If you are pursuing a master's degree or attending a professional school, do not apply.

Staff will communicate with the applicant only.

To compete for this scholarship, you must include the following documents in your packet. Failure to submit all required documents will cause your application to be denied.

1. Completed application form.
2. **Proof of entire family household gross income for the past 90 days must be exhibited by proof of fixed income or check stubs.**
3. Original essay of 500 words, typed and double-spaced, on one of the following topics:
 - Relating personal achievements to goals
 - Personal statement
4. Official transcripts signed by school dean or counselor, in sealed envelope from school.
5. Two signed and dated letters of recommendation (**originals**, please): one from a member of the faculty at school last attended or employer/agency if not currently a student; and one from a member of the community, who is not a relative and is over the age of 18.
6. A Financial Aid audit form (award letter from the school outlining your financial aid package for the year) from the school attending.
7. Proof of residence in DuPage County (such as a photocopy of letter/bill addressed to the applicant or parent or guardian).
8. Proof of enrollment at an Illinois accredited higher educational or occupational training institute.

All materials must be received by June 3, 2016 and addressed to:

DuPage County Community Services
CSBG Scholarship Program
421 North County Farm Road
Wheaton, IL 60187

For additional information call: (630) 407-6500 or 1-800-942-9412; TDD (630) 407-6502 between Monday and Friday; 8:00 – 4:30.

Scholarship recipients will be notified by July 1, 2016.

*****When mailing, please arrange application materials in the order shown above. Thank you*****

Name: _____
 (Last) (First) (M.I.)

SS#: _____

Address: _____
 (No.) (Street)

Date of Birth: ____/____/____
 Mo Day Yr.

 (City) (Zip)

Phone: _____

Disabled: Yes ____ or No ____ Veteran: Yes ____ No ____ Sex: Male ____ Female ____

Email address: _____ Source(s) of Income: _____

Number of household members ____

HOUSEHOLD INFORMATION (please list information on everyone living in the home, including self):

Name	Relationship to Applicant	Age	Sex	Amount & Source of Gross Income for Past 90 Days		Ethnicity
				Income	Source	

If more than 8 family members, add paper with their information

Household Total: \$ _____ 90 day total

Other Financial Awards and/or Scholarships Granted:

Name of Last High School Attended:

(School) (Location) (Period Attended)

Date of Graduation or General Education Diploma: _____
 (Mo. /Yr.)

Name of College or Vocational Institution attending: _____

Area of study: _____

I hereby certify that the answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of the application or termination of any assistance received. I understand that to perjure to obtain assistance is a fraudulent offense for which I can be prosecuted.

Applicant's Signature: _____ Date: _____

2016 CSBG INCOME GUIDELINES

125% Of Poverty CSBG

Household #	Yearly	3 months	1 month
1	\$14,850.00	\$3,712.50	\$1,237.50
2	\$20,025.00	\$5,006.25	\$1,668.75
3	\$25,200.00	\$6,300.00	\$2,100.00
4	\$30,375.00	\$7,593.75	\$2,531.25
5	\$35,550.00	\$8,887.50	\$2,962.50
6	\$40,725.00	\$10,181.25	\$3,393.75
7	\$45,912.50	\$11,478.13	\$3,826.04
8	\$51,112.50	\$12,778.13	\$4,259.38

For each additional person add: \$ 5200 yearly or \$433 monthly

Approved Ways to Utilize This Scholarship:

Tuition
 Room and Board (living on campus)
 Books
 Supplies
 Transportation related expenses (if student is a commuter)
 Laboratory Fees (nursing boards)
 Computer and related accessories
 Uniforms
 Bus pass or parking fee/pass
 *Other intended uses must be cleared by this agency

Acceptable Proofs of School Enrollment:

Acceptance Letter
 Student's Schedule for Fall, Spring or Summer
 Letter from the School's Registrar's Office