



Illinois
Department of Commerce
& Economic Opportunity
OFFICE OF COMMUNITY DEVELOPMENT
Bruce Rauner, Governor

Family Support and Community Engagement (FSACE)

2017

CSBG Scholarship Application

****Application for Suburban Cook County Residents Only****

NEW 2017 INCOME GUIDELINES

Application due Friday, June 9, 2017

No later than 5:00 p.m.

****NEW MAILING ADDRESS****

Mail or deliver to:
CEDA of Cook County, Inc.
ATTN: 2017 CSBG Scholarship Program
3518 West 139th Street
Robbins, IL 60472

*Mailed, delivered, or postmarked applications that arrive
after June 9, 2017 at 5pm will not be accepted.*

Webinars and workshops will be conducted to provide information on how to complete the scholarship application. Details and registration information are included in the application. Participation is not required.

Suburban Cook County Residents: Contact (312) 288-9319 or csbgscholarship@cedaorg.net
City of Chicago Residents: Contact (312) 746-7291 or jenny.schuler@cityofchicago.org



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**Family Support and Community Engagement (FSACE)
 2017 CSBG SCHOLARSHIP PROGRAM**

Eligibility Requirements

You are eligible to apply for the 2017 CSBG Scholarship if you meet the following requirements:

- Enrolled on a **full-time** basis in an educational institution by September 15, 2017.
- Enrolled in a tuition-based **Illinois** institution of higher education pursuing a degree.
- Resident of **suburban Cook County**.
- Income-eligible and provide proof of income for 3 months (see table).

2017 Income Eligibility Guidelines (Gross Income)		
Size of Household	3-Month Income Limit	Annual
1	\$3,768.75	\$15,075.00
2	\$5,075.00	\$20,300.00
3	\$6,381.25	\$25,525.00
4	\$7,687.50	\$30,750.00
5	\$8,993.75	\$35,975.00
6	\$10,300.00	\$41,200.00
7	\$11,606.25	\$46,425.00
8	\$12,912.50	\$51,650.00
For each additional person add	\$436.00	\$5,225.00

Income includes total annual cash receipts before taxes from all sources, with exceptions noted below. Income includes money wages and salaries before any deductions; net receipts from nonfarm self-employment (receipts from a person’s own incorporated business, professional business, or partnership, after deductions for business expenses); net receipts from farm self-employment (receipts from a farm which one operates as an owners, renter, or sharecropper, after deductions for farm operating expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers’ compensation, veterans’ payments, public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, and non-Federally General Assistance or General Relief money payments), and alimony, child support and military family allotments or other regular support from an absent family members or someone not living in the household; private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, period receipts from estates or trusts, and net gambling or lottery winnings.

Income does not include the following types of money received: capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; or tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are noncash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, the inputted value of rent from owner-occupied nonfarm or farm housing, and such Federal noncash benefit programs such as Medicare, Medicaid, food stamps, school lunches, and housing assistance.



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Family Support and Community Engagement (FSACE) 2017 CSBG SCHOLARSHIP PROGRAM

Scholarship Information

Scholarship Awards are based on the **total number of points** received by an applicant in three areas:

1. Application Completeness: all data requests (4-page application) and documents provided.
2. Grade Point Average (GPA) or Graduate Equivalency Degree (GED) scores
3. One Personal Essay

Points are evenly distributed across these three areas. Applicants need to pay attention to detail by submitting all requested documentation and answering all data requests in the application (i.e. Veteran either "Yes" or "No"); providing an official transcript with current GPA or GED with test scores; and writing a thoughtful essay that has been reviewed for grammar, spelling and typographical errors.

Scholarship Awards may be used for **ONLY** the Fall semester/quarter:

- Tuition costs for the Fall semester or quarter.
- Purchase of uniforms, payment of fees or books related to Fall semester.

Other Scholarship Award Information:

- Scholarship award will be based on the need of applicant not met through other grants or scholarships.
- Scholarship award will be sent directly to the institution in the name of the recipient.
- Only institutions in the state of Illinois are acceptable.
- Scholarships range from \$500 to \$3,000.
- Applicants will be notified the week of August 7, 2017.

Application Information

A "No Income/No Proof of Income Affidavit" is included before the "Application Checklist" of this application packet. If this affidavit is necessary to satisfy the requirements of your application, please complete and submit with application. Make copies of the affidavit for additional family/household members as necessary.

For infants/children with no income, in addition to providing the infant/child's name, the "Other Income or Infant/Child No Income" column must be checked on Page 2 of 2 of the Family Composition Detail with "\$0" written in the space provided.

Applications and supplemental documentation must be received in this office on or before Friday, June 9, 2017 no later than 5:00 p.m. addressed as follows:

CEDA of Cook County, Inc.
ATTN: 2017 CSBG Scholarship Program
3518 West 139th Street
Robbins, IL 60472

Mailed or delivered scholarship applications that arrive after June 9, 2017 at 5pm will not be reviewed. Call (312) 288-9319 with any questions.



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Family Support and Community Engagement (FSACE) 2017 CSBG SCHOLARSHIP PROGRAM

Application Instructions

Read entire application thoroughly before completing and submitting. Scholarship awards are based on the total number of points received by an applicant. Answer **ALL** data requests in the 4-page application. If not applicable, please state "Not Applicable."

Sign your name legibly and date the application before mailing or delivering the application. **If mailing, allow a sufficient number of business days for delivery and affix the required postage.** Check with your Post Office to ensure the following: 1) correct postage is affixed to your application; and 2) delivery will meet the date and time deadline requirement for submittal to this office.

Please note that a parent or guardian must also sign this application, as well as other indicated pages, if you are: 1) not 18 years of age or older; and/or 2) not self-supporting.

Application is due no later than Friday, June 9, 2017 no later than 5:00pm at CEDA of Cook County, Inc., ATTN; 2017 CSBG Scholarship Program, 3518 West 139th Street, Robbins, Illinois 60472.

Applicants are REQUIRED to submit the following documents with the completed application.

1. Official transcripts including most recent semester grades, grade point average (GPA) or graduate equivalency degree (GED) test scores. No copies of transcripts or "unofficial" transcripts will be accepted.
2. Acceptance letter from the school to be attended Fall 2017 (not required if currently attending college) or explanation why acceptance letter is not included. ***(Please Note: This scholarship is for post-secondary education only)***
3. Proof of family/household income (for last three months – March 1, 2017 through May 31, 2017): Payroll check receipts or unemployment receipts for the past three months (March 1 through May 31). Social Security, SSDI, SSI or Public Aid letter documenting monthly or yearly allotment. **All family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition are required to provide income documentation or a "No Income/No Proof of Income Affidavit".** The "No Income/No Proof of Income Affidavit" must be witnessed. Anyone who knows the applicant may be the witness.
4. Current financial aid awards from all sources including those obtained from completing the Free Application for Federal Student Aid (FAFSA). If you are not eligible for financial aid, you must write a statement affirming that you are not eligible for financial aid and the reason for your ineligibility.
5. Proof of Residency in suburban Cook County must include a **legible copy** of the applicant's Illinois Driver's License **or** Illinois State ID. Copies for all other family/household members' Driver's Licenses or State IDs are required. *(Pictures from phones or cameras are not acceptable)*
6. Copies of Social Security cards for all household/family members (to include infants and children) are required. *(Pictures from phones or cameras are not acceptable)*
7. Minimum 300-word personal essay.
8. One letter of recommendation. The recommendation must be on letterhead and signed by the endorser.
9. Completed Release of Information form that is signed and dated. Please note that a parent or guardian must also sign the Release of Information if the applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.
10. School Cost Form AND Statement of Costs detailing costs for the Fall 2017 semester only.



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Family Support and Community Engagement (FSACE) 2017 CSBG SCHOLARSHIP PROGRAM APPLICATION

I have been accepted by and plan to attend or currently attending _____
(Name of School)

in _____, Illinois during the 2017 School Year. Course of Study: _____
(City)

Check one of the following programs: Undergraduate Program Graduate Program
Expected Graduation: Month _____ Year _____

PERSONAL INFORMATION			
Legal Name:			
First	Middle	Last	
Address:			Apt/Unit No.:
City:		State: Illinois	Zip Code:
Please Note: This application is for <i>suburban Cook County</i> residents. If you are a city of Chicago resident, call (312) 746-7291.			
Suburban Cook County Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		Township: _____	
Home Phone Number: ()		Cell Phone: ()	
Birth Date: / /	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number:			
Email Address: (Please print legibly. This email address will be used to communicate with the applicant.)			
Current Level (if in school) or Highest Level of Education Completed:			
Disabled: ___ Yes ___ No If Yes, please specify:			
Veteran: ___ Yes ___ No		Ethnicity: ___ Hispanic ___ Non-Hispanic	
Race: ___ Black/African American ___ Native American ___ Asian ___ White ___ Other ___ Multi-Race (2 or more)			
FAMILY INFORMATION			
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Type: <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Single Person <input type="checkbox"/> Other <input type="checkbox"/> Two Adults (2 adults with children) <input type="checkbox"/> Two Parent Household (2 adults with children)		Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Own <input type="checkbox"/> Homeless Roof <input type="checkbox"/> In Temporary Housing <input type="checkbox"/> Homeless No Roof	
Income Source (check all applicable):			
<input type="checkbox"/> Employment Only	<input type="checkbox"/> Pension	<input type="checkbox"/> No Source of Income ¹	
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> SSDI (Disabled)	<input type="checkbox"/> Employment plus any previous source listed	
<input type="checkbox"/> Alimony/Child Support	<input type="checkbox"/> SSI/P3	¹A "No Income/No Proof of Income Affidavit" is required if box is checked.	
<input type="checkbox"/> Social Security	<input type="checkbox"/> TANF		
<input type="checkbox"/> Earnfare (General Assistance)	<input type="checkbox"/> Other: _____		
Total Number of Members in Family (includes applicant, infants, children and adults):			

**For each member of the family provide requested information by completing the
2-page Family Composition Detail Chart on the following pages.**

FAMILY COMPOSITION DETAIL – For all members living within the family/household (Page 1 of 2)

Print full name and provide required data of all family/household members in the spaces below. Please see instructions below for additional information.

	Name (Last, First, MI)	Relationship to Applicant (1)	Social Security Number	Birth Date	Age (2)	Gender (M/F)	Disability (Y/N) (3)	Hispanic (Y/N)	Race (4)	Educational Level (5)	Health Insurance (Y/N)	Veteran (Y/N)
	Example: Smith, Katherine A	HOH	123-45-6789	3-19-1984	28	F	N	N	W	College 3	Y	N
	Example: Smith, Joseph A.	son	101-12-1314	12-20-2009	2	M	Y	N	MR	0	Y	N
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Notes/Instructions:

- (1) If Applicant is not Head of Household, please designate one family member listed below as the Head of Household (HOH).
- (2) All family/household income is requested. All family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition are required to provide Proof of Income for 3 months (13 weeks) or complete a “No Income/No Proof of Income Affidavit.”
- (3) If Disabled, please provide name of family member and specify the type of disability in the space provided below:
Example: Joseph, Cerebral Palsy

- (4) Please use the following Code: “B/AA” – Black/African American; “W” – White; “NA” - Native American; “A” – Asian; “O” – Other; “MR” – Multi-Racial
- (5) Current Grade (if in school) or Level of Education Completed

FAMILY COMPOSITION DETAIL – For all members living within the family/household (include infants and children). (Page 2 of 2)

Print full name of all family/household members below. Check all applicable income sources and provide the 3-month total. For example, Katherine Smith provides a No Income/No Proof of Income Affidavit for \$500 for braiding hair and gross payroll receipts for \$2,211.43 for her work at a retail store. In addition, Katherine receives \$300 monthly as child support for Joseph or \$900. She does not receive alimony. Finally, Joseph who is 2 years old receives \$300 monthly from SSI or \$900 for 3-Month total. The Total Family Income for the 3-Month Period is \$4,511.43. Katherine is income eligible to apply for the CSBG Scholarship.

	Name (Last, First, MI)	NO INCOME/NO PROOF OF INCOME AFFIDAIT	EMPLOYMENT/ UNEMPLOYMENT RECEIPTS	ALIMONY/ CHILD SUPPORT	SOCIAL SECURITY/ PENSION/SSDI	SSI/P3	TANF	EARNFARE/ GENERAL ASSISTANCE	OTHER INCOME or INFANT/CHILD NO INCOME
	Example: Smith, Katherine A.	<input type="checkbox"/> \$ <u>500</u>	<input type="checkbox"/> <u>\$2,211.43</u>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Example: Smith, Joseph A.	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> <u>\$900</u>	<input type="checkbox"/> _____	<input type="checkbox"/> <u>\$900</u>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
1.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
2.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
3.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
4.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
5.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
6.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
7.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
8.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
9.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
10.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
11.		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

HEAD OF HOUSEHOLD SIGNATURE: _____

COMBINED FAMILY GROSS INCOME INFORMATION (March 1 through May 31): Please complete the following table by providing the following: 1) list names for **ALL** family/household members as noted in the Family Composition Detail- Page 2 of 2 table on the previous page; 2) Total Gross (before taxes) Three Months Income; and 3) Source of Income. Some family/household members may have more than one Source of Income. For the family/household listed below, the Total Family Income would be \$4,511.43 for the 3-Month period.

Name of Family Member	Total March 1 through May 31 Gross Income	Source of Income (1)	Source of Income (2)
Example: Katherine Smith	\$2,711.43	Wages – Retail Store – Provides \$2,211.43 in gross pay receipts for the 3-month period.	Supplies No Income/No Proof of Income Affidavit – Earned \$500 during the 3-month period as a hairdresser.
Example: Joseph Smith (age 2)	\$1,800.00	SSI – Provides copy of letter from Social Security stating the \$300 monthly payment.	Joseph receives \$300 in child support from his father.

List all family/household members on lines provided below. If additional lines are needed use the back of this page.

1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

TOTAL FAMILY INCOME: \$ _____

I understand that I must provide proof of my attendance and/or confirmation of my acceptance at an Illinois institution to be eligible for this scholarship. I affirm that the attached essay is an original writing that I have composed. Also, I understand that I am signing a legal document, and that inaccurate disclosure of income to obtain assistance is a fraudulent offense. I certify that the information provided 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 others to release such information as may be required for the determination of my eligibility. I understand that a parent or guardian must sign this application if I am not 18 years of age or older and/or not self-supporting.

Finally, I understand that incomplete applications, which do not include all required documents listed under the Application Checklist, will not be reviewed and will not be eligible for the CSBG Scholarship Program. I understand there are no exceptions to this policy.

_____/_____
(Signature of Student) (Date)

_____/_____
(Signature of Parent/Guardian) (Date)



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Personal Essay

Please write an essay (**300 words minimum**) on one of the topics listed below. This personal essay helps to familiarize us with you as a person apart from classes, course of study, and other objective data. It also demonstrates your ability to organize your thoughts and express yourself on a topic that is of concern to you. Please indicate your topic by checking the appropriate box. Type the essay on an additional sheet(s) of paper. Include your name and birth date for identification purposes on the essay. Finally, if you were awarded a scholarship with an essay previously submitted, you must submit a different essay or you will be disqualified.

- 1. In reviewing your high school years, what advice would you give to someone beginning their high school career?
- 2. Discuss some issue of personal, local, national, or international concern and its importance to you.
- 3. Indicate a person who has had a significant influence on you. Describe that person and describe the influence.
- 4. Describe the neighborhood that you grew up in and how it helped shape you into the kind of person you are today.
- 5. Describe a character in fiction, a historical figure, or creative work (music, politics, science, etc.) that has an influence on you and explain that influence.
- 6. Provide information that you feel will give a more complete and accurate picture of yourself (i.e., background, personal philosophy, traits, goals, etc.). Describe the influence of these factors.

Letter of Recommendation

Provide one letter of recommendation. The writer of the letter of recommendation may come from your school, work, extra-curricular or church/house of worship activity environments. The recommendation **must be on the letterhead** of the agency, business, church or school and **signed by the endorser.**

Please remember that there is no evaluation of the letter of recommendation. Your application is accepted for evaluation based on its required submittal.



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**Family Support and Community Engagement (FSACE)
2017 CSBG SCHOLARSHIP PROGRAM**

In administering the CSBG Scholarship Program, the Community and Economic Development Association of Cook County, Inc. (CEDA) communicates with numerous organizations.

CEDA believes that by gathering additional information and surveying attitudes and experiences of applicants, we would be able to communicate these findings to the appropriate organizations to ultimately improve the overall scholarship process and learning experience of the applicant.

Please complete this form by printing your name, providing social security number, signing and dating. Completion of this form is required to be considered for the 2017 CSBG Scholarship.

Release of Information (Valid for Fall 2017 Term)

I consent that the school that I am currently attending may release financial aid Information to the Community and Economic Development Association of Cook County, Inc. (CEDA) to include the total dollar amount of my student loans and total dollar amount of scholarships received. I consent that the school that I am currently attending may release admissions/registrar information to the Community and Economic Development Association of Cook County, Inc. (CEDA) to include overall student standing, most recent grades, GPA, and anticipated date of graduation.

Acceptance Agreement

I agree to complete and return a short survey that will be emailed or mailed to me after this current semester/quarter. In addition, I agree to submit a transcript of my Fall 2017 grades to the CSBG Scholarship Program.

Applicant Name *(please print legibly)*

Social Security Number

Email Address *(please print legibly)*

School ID Number

Applicant Signature

Date

PLEASE NOTE: Parent or Guardian Signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

Parent/Guardian Signature: _____ Date: _____



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School Cost Form

Please provide the following information regarding your school costs for the Fall 2017 semester. **You must attach a statement from your school account detailing costs for the Fall 2017 semester only.** Completion of this form and submission of school costs is required to be considered for the 2017 CSBG Scholarship.

(Please print legibly)

Applicant Name _____

Email Address _____

Phone Number _____

Alternate Phone Number _____

School Attending Fall 2017 _____

Major/Area of Study _____

- Current Year of School
- Incoming College Freshman
 - College Sophomore
 - College Junior
 - College Senior
 - Graduate Student

Total School Costs for **Fall 2017 Semester (only)** \$ _____

Must provide statement of costs from school account

School Tuition Deadline for **Fall 2017 Semester** _____
 (Date)

PLEASE NOTE: Parent or Guardian Signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

 (Signature of Student) / _____
 (Date)

 (Signature of Parent/Guardian) / _____
 (Date)



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NO IDENTIFICATION AFFIDAVIT

(For family/household members other than the applicant)

Scholarship applicants must submit a copy of their driver's license or state ID

Please complete this affidavit if necessary and make additional copies as required.

Name (Print): _____ Date: _____

Address: _____

City & State: _____ Zip Code: _____

Choose applicable statements below then sign and date affidavit. In addition, have a witness print their name then sign and date affidavit. Please remember that by witnessing a signature **all dates must be the same.**

- I HEREBY CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY CARD READILY AVAILABLE TO SUBMIT WITH THE 2017 CSBG SCHOLARSHIP APPLICATION
- I HEREBY CERTIFY THAT I DO NOT HAVE AN IL DRIVER'S LICENSE OR IL STATE I.D. READILY AVAILABLE TO SUBMIT WITH THE 2017 CSBG SCHOLARSHIP APPLICATION
Please note: Scholarship applicants must submit a copy of their driver's license or state ID

SIGNATURE: _____ DATE: _____

WITNESS (PRINT NAME) _____ DATE: _____

WITNESS (SIGNATURE) _____ DATE: _____

This form must be witnessed. Anyone who knows the applicant may be the witness.

PLEASE NOTE: Parent or guardian signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____



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NO INCOME / NO PROOF OF INCOME AFFIDAVIT

Please complete this affidavit if necessary and make additional copies as required.

Name (Print): _____ Date: _____

Address: _____

City & State: _____ Zip Code: _____

Choose one of the following statements and provide requested information:

- I HEREBY CERTIFY THAT I HAVE NO INCOME – Indicate each month and \$0 for period with **NO INCOME**

0 – 30 Days – Month 1 31 – 60 Days – Month 2 61 – 90 Days – Month 3

By certifying that you have “No Income,” please provide explanation in the space provided below or attach a supporting letter as to how you are able to provide for basic living expenses such as housing, utilities, and food.

- I HEREBY CERTIFY THAT I HAVE NO PROOF OF INCOME – Indicate each month and \$ amount for period with **NO PROOF OF INCOME**

0 – 30 Days – Month 1 31 – 60 Days – Month 2 61 – 90 Days – Month 3

With certifying that you have “No Proof of Income,” please provide explanation in the space provided or attach a supporting letter as to the absence of any income receipts and the service or product provided to receive this income.

SIGNATURE: _____ DATE: _____

WITNESS (PRINT NAME) _____ DATE: _____

WITNESS (SIGNATURE) _____ DATE: _____

This form must be witnessed. Anyone who knows the applicant may be the witness.

PLEASE NOTE: Parent or guardian signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____



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Application Checklist

Please review package to ensure that the following documentation has been included:

1. CSBG Scholarship Application (4 pages including Family Composition Detail sheets and Combined Family Gross Income Information) ***A sample completed application is available at www.cedaorg.net***
2. Income for last 3 months (March 1, 2017 through May 31, 2017) for all family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition or a No Income/No Proof of Income Affidavit.
3. Legible copy of all family members' Illinois driver's license or Illinois state I.D.
(Pictures from phones or cameras are not acceptable)
4. Legible copy of social security cards for all family members (includes infants and children).
(Pictures from phones or cameras are not acceptable)
5. Current Financial Aid Award. If your current financial aid award is not submitted with application, please provide an explanation and a copy of your completed FAFSA. Also, if you are not eligible for financial aid, you must provide that explanation in writing.
6. School Costs Form AND Statement of Costs detailing costs for the Fall 2017 semester only.
7. Most recent transcripts with grade point average (GPA) or graduate equivalency degree (GED) with test scores.
8. Acceptance Letter from school attending Fall 2017 (not required if currently attending) or explanation as to why acceptance letter is not included.
9. Minimum 300-word essay. If you were awarded a scholarship with an essay previously submitted, you must submit a different essay or you will be disqualified.
10. Letter of Recommendation. The writer of the letter of recommendation may come from school, work, extra-curricular or church/house of worship activity environments. The recommendation must be on the letterhead of the agency, business, church or school and signed by the endorser.
11. Release of Information Form. This form must be completed in its entirety, signed and dated.

Remember that scholarship awards are based on the total number of points an application receives. **Points will be deducted for incomplete applications.** Review your application for any missed data requests on the 4-page application and sign the application. Please note that a parent or guardian's signature is required on multiple pages if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting. Anyone that knows the applicant can witness a signature if required. Missing signatures may disqualify an application.

With proper postage affixed to application, mail or deliver to the following address:

CEDA of Cook County, Inc.
ATTN: 2017 CSBG Scholarship Program
3518 West 139th Street
Robbins, IL 60472

**APPLICATIONS ARE DUE IN THE OFFICE LISTED ABOVE
NO LATER THAN 5:00 PM on FRIDAY, JUNE 9, 2017
If you have any questions, please call 312-288-9319**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL NOT BE ELIGIBLE
FOR THE 2017 CSBG SCHOLARSHIP PROGRAM. NO EXCEPTIONS**

NEED HELP COMPLETING YOUR APPLICATION?



Attend the webinars or workshops listed below to get information on how to correctly complete the CSBG Scholarship application.

Participation is not required.

Register by emailing your name and email address to
csbgscholarship@cedaorg.net.

Please include the date of the event you plan to attend in the email.

WEBINARS

Tuesday, May 16, 2017

10am-11am

Additional details will be emailed to registered participants

Thursday, May 18, 2017

10am-11am

Additional details will be emailed to registered participants

WORKSHOPS

Monday, May 22, 2017

11am-12pm

CEDA South - 3518 West 139th Street, Robbins, IL 60472

Tuesday, May 24, 2017

11am-12pm

CEDA Nearwest - 6141 West Roosevelt Road, Cicero, IL 60804

Friday, May 26, 2017

11am-12pm

CEDA North - 2010 Dewey Avenue, 3rd floor, Evanston, IL 60201



DEPARTMENT OF FAMILY SUPPORT AND COMMUNITY ENGAGEMENT FOR SUBURBAN COOK COUNTY

CEDA’s Department of Family Support and Community Engagement (FSACE) offers a range of services to Suburban Cook County residents, which assist low-income people in attaining skills, knowledge and the resources necessary to achieve self-sufficiency. The program may also provide direct client assistance to help remove barriers to self-sufficiency. Clients must sign and comply with a service agreement to be eligible for direct client assistance.

AT A GLANCE	ENROLLMENT BEGINS
<p><i>Dental Care Program</i> For households enrolled in FSACE case management. Program provides financial assistance for dental services to remove barriers to employment, education, health maintenance. Payment is made directly to approved dental care providers.</p>	January 2017
<p><i>Auto Repair Program</i> For households enrolled in FSACE case management. Program provides financial assistance for auto repairs to remove barriers to employment, education or health maintenance. Payment is made directly to approved mechanics or repair shops.</p>	January 2017
<p><i>Vision Care Program</i> For households enrolled in FSACE case management. Program provides financial assistance for vision services to remove barriers to employment, education or health maintenance. Payment is made directly to approved optometrists or opticians.</p>	January 2017
<p><i>Scholarship Program</i> Scholarships are provided for post-secondary education at an accredited institution of higher education in the State of Illinois.</p>	Application available online at cedaorg.net April – June 2017
<p><i>Family Nutrition Program</i> CEDA collaboration with the Greater Chicago Food Depository and local member agencies to provide access to fresh, nutritious, high-quality produce and nutrition education to eligible families throughout suburban Cook County.</p>	January 2017
<p><i>Trade Skills Program</i> Program provides short-term case management and enrollment into trade skills training in high-demand vocational fields.</p>	February 2017
<p><i>Employment Program</i> Program provides job skills enhancements for unemployed FSACE eligible participants through the services and expertise of a contracted employment service provider.</p>	January 2017
<p><i>Family Support and Case Management</i> Program provides short-term case management services to families seeking financial assistance through other FSACE programs. Case management includes assessment of family needs and assists in the development of the Family Action Plan, information and referral, financial literacy, nutrition education and enrollment in other FSACE, agency and community programs. Client may be eligible for financial assistance to address other barriers. Any financial assistance will be paid directly to approved provider.</p>	January 2017
<p><i>Housing Financial Counseling and Rental Assistance</i> Program provides household budgeting and financial assistance for delinquent or first month’s rent in order to maintain or achieve affordable housing. Services are provided through the expertise of a contracted service provider.</p>	April 2017

These projects are conducted with funds provided under the Community Services Block Grant administered by the Illinois Department of Commerce and do not necessarily represent in whole or in part the viewpoint of the Illinois Department of Commerce.





DEPARTMENT OF FAMILY SUPPORT AND COMMUNITY ENGAGEMENT FOR
SUBURBAN COOK COUNTY

How to apply for CEDA FSACE Programs

Eligibility Requirements:

- Must be a resident of suburban Cook County
- Must meet income guidelines listed below
- Must be able to provide documentation of need: bills, estimates for service, loss of income, etc.

2017 FSACE Income Eligibility Guidelines (Gross Income)*		
Family Size	3 months	1 year
1	\$3,768.75	\$15,075.00
2	\$5,075.00	\$20,300.00
3	\$6,381.25	\$25,525.00
4	\$7,687.50	\$30,750.00
5	\$8,993.75	\$35,975.00
6	\$10,300.00	\$41,200.00
7	\$11,606.25	\$46,425.00
8	\$12,912.50	\$51,650.00
For each additional person add	\$436.00	\$5,225.00

Required Intake Documents:

- Driver’s license or state –issued ID; or passport; Matricula also accepted.
- Social security cards for each person in the household.
- Proof of income for the previous 3 months prior to intake date (for all household members 18 years and older)
- Lease or utility bill as proof of residence if ID does not match current address.

Please contact your local CEDA FSACE office

North Suburbs	
847-328-5166 ext. 5416	2010 Dewey Avenue, Lower Level Evanston, Illinois
West Suburbs	
708-222-3824 ext. 4831	6141 West Roosevelt Road Cicero, Illinois
South Suburbs	
708-371-1220 ext. 3057	3518 West 139 th Street Robbins, Illinois