



Applications are now being taken for the 2010 CEDA

SCHOLARSHIP AWARDS

Apply now for fall 2010 financial aid and make your educational or vocational goals a reality!

Scholarships are available to income-eligible residents of **suburban** Cook County who are already enrolled or planning to attend an accredited institution of higher education or occupational training in Illinois for the academic year 2010-2011.

This year's scholarship program offers financial aid up to \$1,000 to low-income students who demonstrate academic achievement, career potential and educational motivation. High school seniors and graduates (or equivalent) aspiring to higher education are invited to apply.

Candidates must submit a CEDA scholarship application, references and proof of income eligibility (see chart). **Candidates must apply in person and complete an intake at any of the application sites. Additional documentation may be required. The *DEADLINE* for application submissions and completion of intake is Friday, April 19, 2010.** Successful candidates will be notified of their award by May 31.

* Income Guidelines for Scholarship Program

Size of Household	3-Month Income Limit
1	\$5,415
2	\$7,285
3	\$9,155
4	\$11,025
5	\$12,895
6	\$14,765
7	\$16,635
8	\$18,505
Each additional member	Add \$1,870

Application Sites for the 2010 CEDA Scholarship:

CEDA Bloom-Rich
 1203 West End Avenue
 Chicago Heights, Illinois 60411
 Office: (708) 754-4575
 Fax: (708) 754-4595
Contact: Stephanie Johnigan

CEDA Center for Community Action
 53 East 154th Street
 Harvey, IL 60426-3645
 Office: (708) 339-3610
 Fax: (708) 331-4539
Contact: Markita Alexander

CEDA Southeast
 3518 West 139th Street
 Robbins, IL 60472-2002
 Office: (708) 371-1220
 Fax: (708) 371-1247
Contact: Gail Sanders

CEDA Neighbors at Work
 1229 Emerson Street
 Evanston, IL 60201-3524
 Office: (847) 328-5166
 Fax: (847) 328-9262
Contact: Virenda Joshi

CEDA Near West
 6141 West Roosevelt Road
 Cicero, IL 60804
 Office: (708) 222-3824
 Fax: (708) 222-0026
Contact: Vicky Acosta

CEDA Southwest
 7666 West 63rd Street
 Summit, Illinois 60501
 Office: (708) 458-2736
 Fax: (708) 458-9532
Contact: April Dugal

Scholarship Application

2010 CSBG Scholarship Program

Personal Information

Name: _____ **Date of Application:** _____ / _____ / 2010
Address: _____ **Age of Applicant:** _____
Town, Zip: _____ **Date of Birth:** _____ / _____ / _____
Phone: _____ **Social Security #:** _____

Educational and Professional Background

Please provide all educational and professional experience, including high school, college, technical college, professional training school, employment, self-employment, etc.

Name of Institution / Employer	Years Attended	Major / Job Title	Full / Part Time	Diploma Y / N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scholarship Potential

Rank in High School Class: _____ Additional comments about your performance: _____

GPA at the end of last semester (high school or college): _____

Is this GPA based on a 5-point scale or a 4-point scale? 5-point 4-point

Name of education institution you plan to attend: _____

Type of program: Associate's Degree Bachelor's Degree Professional License Other

Enrollment Information: Full-time Part-time Accepted: Yes No

Major: _____ Date of application: _____

Tuition cost per class: \$ _____ Total cost per semester: \$ _____

Other scholarships or financial aid you have applied for:

Name of scholarship/ financial aid	Amount	Purpose	Received?
_____	_____	_____	_____
_____	_____	_____	_____

Do you plan to work while attending school? Yes No If yes, explain: _____

Achievements, Interests and Goals

Please provide as much information about yourself for the scholarship committee to consider:

School clubs, community organizations and other groups you belong to as a volunteer:

Name of group	Length of involvement	Position (if relevant)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Areas of study that have interested you and why: _____

Life experiences that have been meaningful for you, your work or proposed course of study:

Short-term career goals and how you will achieve them:

Long-term career goals and how you will achieve them:



Community Services Block Grant
CSBG

Personal Recommendation Form

2010 CSBG Scholarship Program

Applicant Name: _____
Intake Site: _____
Date of Application: ____ / ____ / ____
Study Major: _____

*Personal recommendations should be provided by individuals familiar with the applicant's potential and should **not** include relatives and personal friends. If more space is required, please attach an additional page.

1. How long have you known the scholarship applicant? _____

2. In what capacity do you know the applicant? _____

3. Is the applicant related to you? Yes No If yes: _____

4. Please describe your knowledge of the applicant's participation in public/civic affairs:

5. Please describe your observations about the applicant's commitment to his/her career goals, and any accomplishments, awards or honors that the Scholarship Committee should consider:

6. Please describe any extenuating circumstances or limitations you are aware of that may affect the applicant's ability to achieve his/her goals and complete the proposed course of study:

