



Illinois
Department of Commerce
& Economic Opportunity

Family Support and Community Engagement (FsACE)

2020

CSBG Scholarship Application

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

*****NEW 2020 INCOME GUIDELINES*****

**Application due Friday, June 12, 2020
No later than 5:00 p.m.**

**Mail or deliver to:
CEDA of Cook County, Inc.
ATTN: 2020 CSBG Scholarship Program
53 East 154th Street
Harvey, IL 60426**

***Mailed, delivered, or postmarked applications that arrive
after June 12, 2020 at 5pm will not be accepted.***

***Any applications received before May 31st will be returned in order to
ensure all income documentation from May 1 – May 31st is included.***

Video conferences will be conducted to provide information on how to complete the scholarship application. In order to register for a video conference, please email your name as soon as possible to csbgscholarship@cedaog.net. Participation is not required.

***Suburban Cook County Residents: Contact (312) 259-4237 or csbgscholarship@cedaog.net
City of Chicago Residents: Contact (312) 746-7291 or jenny.schuler@cityofchicago.org***



Illinois
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Family Support and Community Engagement (FsACE)
2020 CSBG SCHOLARSHIP PROGRAM

Eligibility Requirements

You are eligible to apply for the 2020 CSBG Scholarship if you meet the following requirements:

- Enrolled on a **full-time** basis in an educational institution by September 15, 2020.
- 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 **30 days: May 1, 2020 – May 31, 2020**. (see table)

2020 Income Eligibility Guidelines (Gross Income)		
Size of Household	30 Day Income Limit	Annual Income Limit
1	\$2,127.00	\$25,520.00
2	\$2,873.00	\$34,480.00
3	\$3,620.00	\$43,440.00
4	\$4,367.00	\$52,400.00
5	\$5,113.00	\$61,360.00
6	\$5,860.00	\$70,320.00
7	\$6,607.00	\$79,280.00
8	\$7,353.00	\$88,240.00
For each additional person add	\$746.00	\$8,960.00

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.

Stimulus unemployment insurance benefits received ARE considered income to be included in the calculation of income.

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.

Stimulus checks received from the coronavirus stimulus bill are NOT considered income to be included in the calculation of income.



Family Support and Community Engagement (FsACE)

2020 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. "Disabling Condition" either "Yes" or "No"; and if "Yes" state type of condition such as Multiple Sclerosis); 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 or quarter.

Other Scholarship Award Information:

- Scholarship award will be based on the need of applicant not met through grants, scholarships or loans.
- 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 10, 2020.

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.

Applications and supplemental documentation must be received in this office on or before Friday, June 12, 2020 no later than 5:00 p.m. addressed as follows:

CEDA of Cook County, Inc.

ATTN: 2020 CSBG Scholarship Program

53 East 154th Street

Harvey, IL 60426

Mailed or delivered scholarship applications that arrive after June 12, 2020 at 5pm will not be reviewed. Any applications received before May 31st will be returned in order to ensure all income documentation from May 1 – May 31st is included.

Please call (312) 259-4237 with any questions.



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Family Support and Community Engagement (FsACE) 2020 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 12, 2020 no later than 5:00pm at CEDA of Cook County, Inc., ATTN; 2020 CSBG Scholarship Program, 53 East 154th Street, Harvey, Illinois 60426.

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

1. CSBG Scholarship Application (4-pages including Family/Household Members Characteristics parts I and II)
A sample completed application is available at www.cedaorg.net
2. 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.
3. Copies of Social Security cards for **all** household/family members (to include infants and children) are required.
4. Proof of family/household income (for 30 days – May 1, 2020 through May 31, 2020): Payroll check receipts or unemployment receipts for the three months (May 1 through May 31). Social Security, SSDI, SSI or Public Aid letter documenting monthly 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.
5. Official transcripts including most recent semester grades, grade point average (GPA) or graduate equivalency degree (GED) test scores.
6. Acceptance letter from the school to be attended fall 2020 (not required if currently attending college) or explanation why acceptance letter is not included. ***Please Note: This scholarship is for post-secondary education only. Vocational students should contact the Trade Skills Program at (312) 259-4237.***
7. 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.
8. Minimum 300-word personal essay.
9. One letter of recommendation. The recommendation must be on letterhead and signed by the endorser.
10. 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.
11. School Cost Form and Statement of Costs detailing costs for the fall 2020 semester only.



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2020 CSBG SCHOLARSHIP PROGRAM
APPLICATION

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

in _____, Illinois during the 2020 school year. Course of study: _____
(City)

Check one: ☐ Undergraduate Program ☐ Graduate Program Expected Graduation: Month _____ Year _____

This application is for undergraduate & graduate programs only. Vocational students should call (312) 259-4237 for the Trade Skills Program

PERSONAL INFORMATION

Applicant's Legal Name:

First

Middle

Last

Address:

Apt/Unit No.:

City:

State: Illinois

Zip Code:

Please Note: This application is for suburban Cook County residents. If you are a city of Chicago resident, call (312) 746-7291.

Suburban Cook County Resident: ☐ Yes ☐ No

Township: _____

Home Phone Number: ()

Cell Phone: ()

Birth Date: / /

Age:

Gender:

☐ Male ☐ Female

Social Security Number:

Is this your **1st time** applying for the CSBG Scholarship? ☐ Yes ☐ No

Email Address: (Please print legibly. **This email address will be used to communicate with the applicant.**)

FAMILY INFORMATION

Family Type:

- ☐ Single Parent/Female ☐ Single Parent/Male
☐ Single Person ☐ Non-Related Adults with Children
☐ Two Adults/No Children ☐ Other
☐ Two Parent Household ☐ Unknown/Not Reported
☐ Multi-Generational Household

Housing Status:

- ☐ Rent ☐ Homeless
☐ Own ☐ Other
☐ Other Permanent Housing ☐ Unknown

Household Income

Source(s): *check all applicable*

- ☐ Employment Only ☐ SSDI (Disabled)
☐ Unemployment Insurance ☐ SSI/P3
☐ Alimony/Child Support ☐ Pension
☐ Social Security ☐ TANF
☐ Earnfare (General Assistance) ☐ Employment
☐ Other: _____
☐ No Source of Income¹ ¹A "No Income/No Proof of Income Affidavit" is required if box is checked.

Stimulus unemployment insurance benefits received ARE considered income to be included in the calculation of income.

Stimulus checks received from the coronavirus stimulus bill are NOT considered income to be included in the calculation of income.

Total number of members in family/household (including applicant, infants, children and adults):

Total number of youth ages 14-24 who are neither working **nor** in school:

For each member of the family, provide requested information by completing the Family/Household Members Characteristics sheets – Part I and Part II. Refer to examples.

Make copies of Part I or Part II of Family/Household Characteristics sheets for additional family members if necessary.

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART I									
Print full name of all family members below and provide requested data.									
	Name (First Name, MI, Last Name)	Relationship to Applicant (1)	Social Security Number	Birth Date	Age	Disabling Condition (Y/N) (2)	Hispanic, Latino or Spanish Origin (Y/N)	Race (3)	Educational Level (4)
	Example: Katherine A. Smith	HoH	123-45-6789	3-19-1984	36	N	N	W	College 3
	Example: Joseph A. Smith	Son	101-12-1314	12-20-2009	10	Y	N	MR	4 th Grade
1									
2									
3									
4									
5									
6									
7									
8									

Notes/Instructions:

- (1) If Applicant is not Head of Household (HoH), please designate one Family/Household member listed in chart as Head of Household (HoH).
- (2) If noted as having a Disabling Condition, please provide name of family member and specify the type of Disabling Condition in the space provided below:
Example: Joseph, Cerebral Palsy

- (3) Please use the following Code: “B/AA” – Black/African American; “W” – White; “AIAN” – American Indian or Alaska Native; “A” – Asian; “NHOPI” – Native Hawaiian and Other Pacific Islander; “MR” – Multi-race (two or more of the previous; “UNR” – Unknown/not reported
- (4) Current Grade (if in school) or Level of Education Completed

PLEASE COPY FOR ADDITIONAL HOUSEHOLD MEMBERS IF NECESSARY

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART II				
Instructions: Print family/household member names at the top, place an “X” for each correct characteristic for that family member.				
FAMILY/HOUSEHOLD MEMBERS	Member Name	Member Name	Member Name	Member Name
Print Family Members Names to Right → <i>*The applicant must be included as well*</i> <i>Missing family numbers will result in a deduct of application points, which helps determine award.</i>				
FAMILY INFORMATION				
Gender				
-- Male				
-- Female				
-- Other				
-- Unknown/Not Reported				
Military Status				
-- Veteran				
-- Active Military				
-- Unknown/Not Reported				
-- None				
Work Status				
-- Employed Full-time				
-- Employed Part-time				
-- Migrant Seasonal Farm Worker				
-- Unemployed (Short-Term, 6 months or less)				
-- Unemployed (Long-Term, more than 6 months)				
-- Unemployed (Not in Labor Force)				
-- Retired				
-- None/Student/Child				
Health Insurance Sources:				
-- Medicaid				
-- Medicare				
-- State Children’s Health Ins. Program				
-- State Health Insurance for Adults				
-- Military Health Care				
-- Direct Purchase				
-- Employment Based				
-- None				
Non-Cash Benefits:				
-- SNAP				
-- WIC				
-- LIHEAP				
-- Housing Choice Voucher				
-- Public Housing				
-- Permanent Supportive Housing				
-- HUD-VASH				
-- Childcare Voucher				
-- Affordable Care Act Subsidy				
-- Other				
For income support, use the total received from May 1, 2020 to May 31, 2020. See EXAMPLE.				
Income Support: (Total from May 1, 2020 to May 31, 2020)				
-- Employment	\$ _____	\$ _____	\$ _____	\$ _____
-- TANF (AFDC)	\$ _____	\$ _____	\$ _____	\$ _____

-- Supplemental Insurance Income (SSI)	\$ _____	\$ _____	\$ _____	\$ _____
-- Social Security Disability Income (SSDI)	\$ _____	\$ _____	\$ _____	\$ _____
-- VA Benefits	\$ _____	\$ _____	\$ _____	\$ _____
-- VA Service-Connected Disability Comp.	\$ _____	\$ _____	\$ _____	\$ _____
-- VA Non-Service Connected Disability Pension	\$ _____	\$ _____	\$ _____	\$ _____
-- Private Disability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
-- General Assistance (GA)	\$ _____	\$ _____	\$ _____	\$ _____
-- Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
-- Retirement Income from Social Security	\$ _____	\$ _____	\$ _____	\$ _____
-- Pension	\$ _____	\$ _____	\$ _____	\$ _____
-- Child Support	\$ _____	\$ _____	\$ _____	\$ _____
-- Alimony or Other Spousal Support	\$ _____	\$ _____	\$ _____	\$ _____
-- Unemployment Insurance	\$ _____	\$ _____	\$ _____	\$ _____
-- EITC	\$ _____	\$ _____	\$ _____	\$ _____
-- Other	\$ _____	\$ _____	\$ _____	\$ _____
-- None (if none, indicate \$0)	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL (Individual Members):	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL FAMILY INCOME (All Members): \$ _____

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 that there are no exceptions to this policy.

_____/_____
(Signature of Applicant) (Date)

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

PLEASE COPY FOR ADDITIONAL HOUSEHOLD MEMBERS IF NECESSARY

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART II				
Instructions: Print family/household member names at the top, place an "X" for each correct characteristic for that family member.				
FAMILY/HOUSEHOLD MEMBERS	Member Name	Member Name	Member Name	Member Name
Print Family Members Names to Right → *The applicant must be included as well* Missing family numbers will result in a deduct of application points, which helps determine award.	Jane Doe	John Doe		
FAMILY INFORMATION				
Gender				
-- Male		X		
-- Female	X			
-- Other				
-- Unknown/Not Reported				
Military Status				
-- Veteran		X		
-- Active Military				
-- Unknown/Not Reported				
-- None	X			
Work Status				
-- Employed Full-time				
-- Employed Part-time	X			
-- Migrant Seasonal Farm Worker				
-- Unemployed (Short-Term, 6 months or less)				
-- Unemployed (Long-Term, more than 6 months)				
-- Unemployed (Not in Labor Force)		X		
-- Retired				
-- None/Student/Child				
Health Insurance Sources:				
-- Medicaid	X			
-- Medicare				
-- State Children's Health Ins. Program				
-- State Health Insurance for Adults				
-- Military Health Care		X		
-- Direct Purchase				
-- Employment Based				
-- None				
Non-Cash Benefits:				
-- SNAP				
-- WIC				
-- LIHEAP				
-- Housing Choice Voucher	X	X		
-- Public Housing				
-- Permanent Supportive Housing				
-- HUD-VASH				
-- Childcare Voucher				
-- Affordable Care Act Subsidy				
-- Other				
For income support, use the total received from May 1, 2020 to May 31, 2020. See EXAMPLE.				
Income Support: (Total from May 1, 2020 to May 31, 2020)				

-- Employment	\$ 1,000	\$	\$	\$
-- TANF (AFDC)	\$	\$	\$	\$
-- Supplemental Insurance Income (SSI)	\$	\$	\$	\$
-- Social Security Disability Income (SSDI)	\$	\$	\$	\$
-- VA Benefits	\$	\$	\$	\$
-- VA Service-Connected Disability Comp.	\$	\$ 1,000	\$	\$
-- VA Non-Service Connected Disability Pension	\$	\$	\$	\$
-- Private Disability Insurance	\$	\$	\$	\$
-- General Assistance (GA)	\$	\$	\$	\$
-- Worker's Compensation	\$	\$	\$	\$
-- Retirement Income from Social Security	\$	\$	\$	\$
-- Pension	\$	\$	\$	\$
-- Child Support	\$	\$	\$	\$
-- Alimony or Other Spousal Support	\$	\$	\$	\$
-- Unemployment Insurance	\$	\$	\$	\$
-- EITC	\$	\$	\$	\$
-- Other	\$	\$	\$	\$
-- None (if none, indicate \$0)	\$	\$	\$	\$
TOTAL (Individual Members):	\$ 1,000	\$ 1,000	\$	\$

TOTAL FAMILY INCOME (All Members): \$ 2,000

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 that there are no exceptions to this policy.

Jane Doe / 6/1/2020
(Signature of Applicant) (Date)

(Signature of Parent/Guardian) (Date)



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**Family Support and Community Engagement (FsACE)
2020 CSBG SCHOLARSHIP PROGRAM**

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 scored based on its required submittal.



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2020 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 2020 CSBG Scholarship.

Release of Information (Valid for fall 2020 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 2020 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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2020 CSBG SCHOLARSHIP PROGRAM

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 and 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**. Failure to do so will delay the processing of the application.

- ☐ I HEREBY CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY CARD READILY AVAILABLE TO SUBMIT WITH THE 2020 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 2020 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: _____

Please Note:

All signature
dates should be
the same.



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

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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2020 CSBG SCHOLARSHIP PROGRAM

NO INCOME / NO PROOF OF INCOME AFFIDAVIT

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

Name (Print): _____ Date: _____

Address: _____

City and State: _____ Zip Code: _____

Choose one of the following statements and provide requested information:

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

30 Days - May 1 through May 31

\$ _____

Please Note:

If zero income, don't forget to insert \$0 for the applicable month.



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 the month and \$amount for period with **NO PROOF OF INCOME**

30 Days - May 1 through May 31

\$ _____

Please Note:

If no proof of income, don't forget to insert the amount of income for the applicable month.



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.

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: _____

Please Note:

All signature
dates should be
the same.





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2020 CSBG SCHOLARSHIP PROGRAM

Application Checklist

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

1. CSBG Scholarship Application (4-pages including Family/Household Members Characteristics parts I and II) ***A sample completed application is available at www.cedaorg.net***
2. Income for 30 days (May 1, 2020 through May 31, 2020) 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.
4. Legible copy of social security cards for all family members (includes infants and children).
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 2020 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 2020 (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: 2020 CSBG Scholarship Program
53 East 154th Street
Harvey, IL 60426

APPLICATIONS ARE DUE IN THE OFFICE LISTED
ABOVE **NO LATER THAN 5:00 PM on**
FRIDAY, JUNE 12, 2020

If you have any questions, please call 312-259-4237

INCOMPLETE APPLICATIONS WILL NOT BE
REVIEWED AND WILL NOT BE ELIGIBLE FOR THE
2020 CSBG SCHOLARSHIP PROGRAM. NO EXCEPTIONS.



NEED HELP COMPLETING YOUR APPLICATION?

Video conferences will be conducted
to provide information on how to complete the
scholarship application.

In order to register for a video conference,
please email your name as soon as possible to
csbg scholarship@cedaog.net.

Participation is not required.



Family Support and Community Engagement, otherwise known as FsACE, provides a range of services and case management to help stabilize and support individuals and families residing in Suburban Cook County.

Family Support and Community Engagement

FsACE provides ongoing services empowering families to become self-sufficient through family support, health and nutrition, professional development programs and more.

COVID-19 CRISIS PROGRAM

In response to the Coronavirus (COVID-19), CEDA's FsACE program has expanded in order to provide relief to **Suburban Cook County** communities with additional services.

- ✓ Water Bill Payments
- ✓ Telephone Bill Payment
- ✓ Child Care for Essential Workers
- ✓ Basic Essentials Assistance
- ✓ Medical Supply and Prescription Costs
- ✓ Emotional Counseling Services



WWW.CEDAORG.NET

CALL US:
(312) 795-8948
Suburban Cook County Residents only



Family Support and Community Engagement

FsACE works to move you and your family toward financial stability.

While you participate in Case Management, we offer the services you may need to remove barriers to employment, education, or health maintenance.

OUR SERVICES

Dental & Vision Care Assistance

Financial assistance for dental services, eye exam and glasses.*

Transportation Assistance

Financial assistance for auto repairs*, bus cards, or gas cards.

Family Support

Financial assistance to address other barriers (beds, replacement ID, GED fees, car insurance or registration, etc.).*

Other FsACE Services Include:

Employment Counseling and Planning

Job skills enhancement and job placement

Trade Skills Training

Financial assistance for short-term vocational training that leads to a certification.

Family Nutrition Program

Fresh, nutritious, quality produce and nutrition education through collaboration with the Greater Chicago Food Depository and local food pantries.

Scholarships

Scholarships are provided for post-secondary education at an accredited institution of higher education in the State of Illinois. Application will be available online starting Friday, April 24, 2020.

**Payment is made directly to approved providers.*



To qualify for any FsACE service you MUST be a resident of Suburban Cook County

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

