



Illinois
Department of Commerce
& Economic Opportunity

Family Support and Community Engagement (FsACE)

2020 CSBG Scholarship Application

****SAMPLE**
COMPLETED
SCHOLARSHIP APPLICATION
PACKAGE**



Illinois
Department of Commerce
& Economic Opportunity

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

I have been accepted by and plan to attend or currently attending One University
(Name of School)
in Chicago (City), Illinois during the 2020 school year. Course of study: Accounting
Check one: ☒ Undergraduate Program ☐ Graduate Program Expected Graduation: Month 06 Year 2024

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: <u>Sofia</u> <u>J.</u> <u>Smith</u>		
First Middle Last		
Address: <u>123 Main Street</u> Apt/Unit No.: _____		
City: <u>Crestwood</u>	State: <u>Illinois</u>	Zip Code: <u>60470</u>
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Township: <u>Worth Township</u>
Home Phone Number: <u>(708) 987-6540</u>		Cell Phone: <u>(708) 789-3546</u>
Birth Date: <u>3/22/2001</u>	Age: <u>19</u>	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Social Security Number: <u>543-21-6543</u>		
Is this your 1st time applying for the CSBG Scholarship? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Email Address: (Please print legibly. This email address will be used to communicate with the applicant.) <u>Sofiasmith@gmail.com</u>		

FAMILY INFORMATION

Family Type: <input type="checkbox"/> Single Parent/Female <input checked="" type="checkbox"/> Single Parent/Male <input type="checkbox"/> Single Person <input type="checkbox"/> Non-Related Adults with Children <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Other <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Unknown/Not Reported <input type="checkbox"/> Multi-Generational Household		Housing Status: <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Unknown
Household Income Source(s): <i>check all applicable</i> <input type="checkbox"/> Employment Only <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Alimony/Child Support <input checked="" type="checkbox"/> Social Security <input type="checkbox"/> Earnfare (General Assistance)	<input type="checkbox"/> SSDI (Disabled) <input type="checkbox"/> SSI/P3 <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Employment <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> No Source of Income ¹ ¹ A "No Income/No Proof of Income Affidavit" is required if box is checked.	<div>Stimulus unemployment insurance benefits received ARE considered income to be included in the calculation of income.</div> <div>Stimulus checks received from the coronavirus stimulus bill are NOT considered income to be included in the calculation of income.</div>
Total number of members in family/household (including applicant, infants, children and adults): <u>3</u>		
Total number of youth ages 14-24 who are neither working nor in school: <u>0</u>		

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	Sofia J. Smith	Self	543-21-6543	3/22/2001	19	N	N	MR	12 th grade
2	John A. Smith	HoH	345-64-2312	1/12/1973	47	Y	N	MR	College 3
3	Joseph R. Smith	Brother	312-11-1234	6/17/2011	8	N	N	MR	3 rd Grade
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

John Smith, Epilepsy

- (3) Please use the following Code: "B/AA" – Black/African American; "W" – White; "AIAN" – American Indian or Alaska Native; "A" – Asian; "NHOP" – 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>	Sofia Smith	John Smith	Joseph Smith	
FAMILY INFORMATION				
Gender				
-- Male		X	X	
-- Female	X			
-- Other				
-- Unknown/Not Reported				
Military Status				
-- Veteran				
-- Active Military				
-- Unknown/Not Reported				
-- None	X	X	X	
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)		X		
-- Retired				
-- None/Student/Child	X		X	
Health Insurance Sources:				
-- Medicaid		X		
-- Medicare				
-- State Children's Health Ins. Program	X		X	
-- State Health Insurance for Adults				
-- Military Health Care				
-- Direct Purchase				
-- Employment Based				
-- None				
Non-Cash Benefits:				
-- SNAP		X		
-- 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)	\$ _____	\$ <u>1,500</u>	\$ _____	\$ _____
-- 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)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
TOTAL (Individual Members):	\$ _____	\$ <u>1,500</u>	\$ _____	\$ _____

TOTAL FAMILY INCOME (All Members): \$ 1,500

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.

Sophia Smith / 6/4/2020 _____ / _____
 (Signature of Applicant) (Date) (Signature of Parent/Guardian) (Date)



Your New Benefit Amount

BENEFICIARY'S NAME: JOHN SMITH

Your Social Security benefits will increase by 1.7 percent in 2020 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent or energy assistance, bank loans or for other business.** Saving this letter could save you the inconvenience of making a trip to a local office and waiting in line to obtain a new document.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$1,500.00
- The amount we deduct for Medicare medical insurance is \$ 200.00
(if you did not have Medicare as of Nov. 15, 2019,
Or if someone else pays your premium, we show \$0.00)
- The amount we deduct for your Medicare prescription drug plan is \$ 100.00
If you did not elect withholdings as of Nov. 1, 2019, we show \$0.00
- The amount we deduct for voluntary Federal tax withholdings is \$ 0.00
(If you did not elect to have voluntary Federal tax withholdings as of
Nov. 15, 2015, we show \$0.00)
- After we take any deductions, you will receive on Jan. 3, 2020 \$1,200.00

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, Direct Express card, or an Electronic Transfer Account. If you still receive a check, please remember that you must switch to an electronic payment by March 1, 2020. For more information, please visit www.godirect.org or call 1-800-333-1795.

What If I Have Questions?

Please visit our website at www.socialsecurity.org for more information and a variety of online services. You can also call 1-800-772-1213 and speak to a representative from 7am until 7pm, Monday through Friday. Recorded information and services are available 24 hours a day.

Room 101
1234 West North Street
South Holland, IL 60484



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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): Sofia Smith Date: 6/4/2020

Address: 123 Main Street

City and State: Crestwood, Illinois Zip Code: 60470

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

\$ 0

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, Sofia Smith, have no income. My father, John Smith, provides for all my living expenses.

☐ 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: Sofia Smith DATE: 6/4/2020

WITNESS (PRINT NAME) John Smith DATE: 6/4/2020

WITNESS (SIGNATURE) John Smith DATE: 6/4/2020

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: _____





Financial Aid Award Letter

AWARD LETTER OVERVIEW

This is your Financial Aid Award Letter. This letter is based on the information you submitted on your FAFSA and other information you have provided. Additional information about the awards you have been offered is available on our website. If you have questions regarding your awards, please contact a Student Financial Aid Administrator at (312) 555-5555.

Cost of Attendance

Tuition	\$ 6,625.00
Fees	\$ 1,500.00
Room and Board	\$ 5,175.00
Other Expenses	\$ 1,250.00
TOTAL:	\$14,550.00

AWARD SUMMARY FOR FALL SEMESTER

Federal Pell Grant
\$1,000.00

Federal Supplemental Grant
\$500.00

State of Illinois MAP Grant
\$1,000.00

University Tuition Grant
\$2,000.00

President's Award Scholarship
\$1,000.00

Dorothy Wing Scholarship Award
\$1,500.00

**TOTAL FINANCIAL AID AWARDS
FOR FALL SEMESTER = \$7,000.00**

Federal Student Aid FAFSA



2020-2021

Electronic Student Aid Report (SAR)

The SAR summarizes the information you submitted on your 2019-2020 Free Application for Federal Student Aid (FAFSA)

Application Receipt Date:	01/18/2020	XXX-XX-OOOOAA01
Processed Date:	01/19/2020	EFC: 00000*
		DRN: 0000

Comments About Your Information

Based on the information we have on record for you, your EFC is 00000. You may be eligible to receive a Federal Pell Grant and other federal student aid. Your school will use your EFC to determine your financial aid eligibility for federal grants, loans, work study, and possible funding from your state and school.

Your FAFSA has been selected for a review process called verification. Your school has the authority to request copies of certain financial documents from you and your parent(s).

WHAT YOU MUST DO NOW (Use the checklist below to make sure that all of your issues are resolved.)

If your parents have now completed their 2020 tax return, you should correct your information to reflect the income and tax information reported on their tax return. Click 'Make FAFSA Corrections' on the 'My FAFSA' page to make the correction. Your parents may be able to retrieve their tax return information directly from the IRS. If your parents have not yet completed their tax return, you must correct this SAR to reflect the income and tax information reported on their tax return once it is filed.

If you have now completed your 2020 tax return, you should correct your information to reflect the income and tax information reported on your tax return. Click 'Make FAFSA Corrections' on the 'My FAFSA' page to make the correction. You may be able to retrieve your tax return information directly from the IRS. If you have not yet completed your tax return, you must correct this SAR to reflect the income and tax information reported on your tax return once it is filed.

If you need to make corrections to your information, click 'Make FAFSA Corrections' on the 'My FAFSA' page. You must use your Federal Student Aid PIN to access your record online. If you need additional help with your SAR, contact your school's financial aid office or the Federal Student Aid Information Center at 1-800-4FED-AID (1-800.433-3243). If your mailing address or e-mail address changes, you can make the correction online or call 1-800-4FED-AID and ask a customer service representative to make the change for you.

Based on your EFC of 00000 you may be eligible to receive a Federal Pell Grant of up to \$000 for the 2020-2021 school year.



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2020 CSBG SCHOLARSHIP PROGRAM**

School Cost Form

Please provide the following information regarding your school costs for the fall 2020 semester. **You must attach a statement from your school account detailing costs for the fall 2020 semester only.** Completion of this form and submission of school costs is required to be considered for the 2020 CSBG Scholarship.

(Please print legibly)

Applicant Name

Sofia Smith

Email Address

Sofia.smith@gmail.com

Phone Number

(708) 987-6540

Alternate Phone Number

(708) 789-3546

School Attending Fall 2020

One University

Major/Area of Study

Accounting

Current Year of School

☒ Incoming College Freshman☐ College Senior☐ College Sophomore☐ Graduate Student☐ College Junior

Total school costs for **fall 2020 semester (only)**

\$ 14,550.⁰⁰

Must provide statement of costs from school account

School tuition deadline for **fall 2020 semester**

9/6/2020
(Date)

(Date)

PLEASE NOTE: In order to qualify, the applicant must have a balance after all grants and other scholarships are applied. If the applicant accepts loans and does not have a balance, the applicant will not be eligible for the CSBG Scholarship.

Award notifications will occur via email the week August 10, 2020 to the email included in the application cover page.

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

Soria Smith

10/4/20

(Signature of Student)

(Date)

(Signature of Parent/Guardian)

(Date)

STATEMENT OF COSTS

COST OF ATTENDANCE (FALL 2020)

The cost of attendance is used to determine financial aid eligibility as well as to provide students and their families with a reasonable estimate of the cost of attendance. It includes allowances for tuition and fees, room and board, books and supplies, and other expenses.

Budget Detail

Budget Component	Amount
Tuition	\$6,625.00
Fees	\$1,500.00
Room and Board	\$5,175.00
Other Expenses	\$1,250.00
TOTAL:	\$14,550.00

OFFICIAL HIGH SCHOOL TRANSCRIPT

STUDENT INFORMATION

FULL NAME: SOFIA SMITH

ADDRESS: 123 MAIN STREET

PHONE NUMBER: (708) 987-6543

E-MAIL ADDRESS: SOFIA_SMITH@GMAIL.COM

DATE OF BIRTH: 03/22/2001

PARENT/GUARDIAN: JOHN SMITH

SCHOOL INFORMATION

NAME: CRESTWOOD HIGH SCHOOL

ADDRESS: 999 NORTH AVENUE,

CRESTWOOD, IL 60470

PHONE NUMBER: (708) 455-8990

ACADEMIC RECORD

Course Title	Credit Attempted	Credit Earned	Final Grade	Course Title	Credit Attempted	Credit Earned	Final Grade
Accounting	.50	.50	A	Accounting	.50	.50	A
English	.50	.50	A	English	.50	.50	A
Art	.50	.50	A	Art	.50	.50	A
Social Studies	.50	.50	A	Social Studies	.50	.50	A
PE	.50	.50	A	PE	.50	.50	A
Health	.50	.50	A	Health	.50	.50	A
Math	.50	.50	A	Math	.50	.50	A
Total Credits: _____ GPA: _____ Cumulative GPA: _____				Total Credits: _____ GPA: _____ Cumulative GPA: _____			
Course Title	Credit Attempted	Credit Earned	Final Grade	Course Title	Credit Attempted	Credit Earned	Final Grade
Accounting II	.50	.50	A	Accounting II	.50	.50	A
English	.50	.50	A	English	.50	.50	A
Art	.50	.50	A	Art	.50	.50	A
Social Studies	.50	.50	A	Social Studies	.50	.50	A
PE	.50	.50	A	PE	.50	.50	A
Health	.50	.50	A	Health	.50	.50	A
Math	.50	.50	A	Math	.50	.50	A
Accounting	.50	.50	A	Accounting	.50	.50	A
GPA: 4.0 Cumulative GPA: 4.0				GPA: 4.0 Cumulative GPA: 4.0			





ACCEPTANCE LETTER

Sofia Smith
123 Main Street
Crestwood, Illinois 60470

Dear Ms. Smith,

Congratulations on your admissions to One University into the Accounting program in the College of Business for the fall semester!

I would like to take time to share some of the exciting opportunities you have to look forward to once on campus. Included with this letter is *Belong*, our magazine for admitted students. I think you will find *Belong* helpful in learning more about Illinois because it is full of articles, written by students about their wonderful experiences at One University.

There is much to plan before starting classes and I know you have questions about what to do now. The Admitted Student Checklist, found in *Belong*, lists the simple steps you will need to complete prior to beginning your experience. If you need additional information, please contact us at admissions@oneuniv.edu or (312) 343-4399.

Important details about your admission are located on the reverse of this letter. Please review everything carefully, as it will assist in a smooth transition to the fall semester.

Welcome to One University! We look forward to seeing you on campus.

Sincerely,

Tina Jacobs

Tina Jacobs
Undergraduate Admissions



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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 scored based on its required submittal.

Sofia Smith
May 10, 2020

Topic #1: In reviewing your high school years, what advice would you give to someone beginning their high school career?

Looking back on what was supposed to be the best four years of my life there are a number of instances that influenced me, some good, while others not so good. Going into high school I had no idea of how the next four years would be or how they would affect my life.

When you're in middle school everyone tells you how tough high school will be. I didn't listen and I know a lot of my peers didn't either. As teenagers, how many of us actually listened to the wisdom of those older than us? Not many. I believe my advice to current and future high school students will help them and give them some insight from someone who has been through it recently.

My advice to them would be this: do not go along with the status quo. I say this because as youths we are constantly worried about what others think of us. This hampers our ability for self-growth and the forming of our own identities. Also, when our brains are occupied with clothes, who we can hang out with, and how we will be seen, we have no room to focus on what is really important, our education.

Education is always important, but I feel it is especially important in high school because it sets the tone for college. It is true that the habits you form now will become your habits in college. As Mahatma Gandhi said "Your beliefs become your thoughts, Your thoughts become your words, Your words become your actions, Your actions become your habits, Your habits become your values, Your values become your destiny." And I hope that every high school student will focus on their education, take advantage of the opportunities available to them and use them to prosper in college and beyond.



LETTER OF RECOMMENDATION

Dear CSBG Scholarship Committee,

I am writing this letter to recommend Sofia Smith for the CSBG Scholarship Program. I was Sofia's Accounting instructor last year and have known her for the past two years.

As a student, Sofia demonstrated a love for learning and commitment necessary to succeed at a college level and beyond. I have great respect for her and truly believe that she is a deserving candidate that you will be proud to have representing your organization.

Sofia is one of the most respectful, friendly and hardworking students I have ever met. In addition to having firsthand knowledge of her academic commitment, I am also familiar with her educational goals, as well as the challenges she will face when it comes to funding her education. I cannot think of anyone more deserving and I wholeheartedly recommend her for this scholarship.

If you have any questions or need additional information, please feel free to call me at (773) 455-0000.

Sincerely,

Diane Allen

Diane Allen, CPA
Instructor and Accounting Chair
One University in Chicago



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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.

Sofia Smith

Applicant Name (please print legibly)

543-21-6543

Social Security Number

Sofiasmith@gmail.com

Email Address (please print legibly)

SS6543

School ID Number

Sofia Smith

Applicant Signature

6/4/2020

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: _____