



Illinois
Department of Commerce
& Economic Opportunity

2023 CSBG SCHOLARSHIP APPLICATION

Family Support and Community Engagement (FsACE)

This program is for Suburban Cook County residents ONLY

We are excited to announce the **2023 CSBG Scholarship Program**, an initiative designed to support and recognize outstanding students who are passionate about pursuing their academic and professional goals. This scholarship program is open to all eligible students who demonstrate a commitment to academic excellence, leadership, and community involvement.

CEDA's FsACE program recognizes the importance of investing in the next generation of leaders who will make a positive impact in their chosen fields. We believe that diversity and inclusion are essential components of a thriving industry, and we welcome applications from individuals of all backgrounds and identities. Through this scholarship, we aim to provide students with the financial support and resources they need to pursue their academic and professional aspirations. We encourage all eligible students to apply for the CSBG Scholarship Program and look forward to reviewing your applications.

Application Deadline

Friday, June 9, 2023, by 5:00 p.m.

Mailed, delivered, or postmarked applications that arrive after June 9, 2023 at 5pm will not be accepted.

Please mail or hand-deliver to:

CEDA of Cook County, Inc.

ATTN: 2023 CSBG Scholarship Program

53 E. 154th St.

Harvey, IL 60426

Applications received before June 1, 2023 or after June 9, 2023 will NOT be accepted.

To learn more, please contact

Suburban Cook County Residents: (312) 259-4237 or csbgscholarship@cedaorg.net

City of Chicago Residents: (312) 747-0327 or DFSScsbgscholarship@cityofchicago.org



Illinois
Department of Commerce
& Economic Opportunity

2023 CSBG SCHOLARSHIP PROGRAM

Family Support and Community Engagement (FsACE)

Application Instructions

- Read entire application fully before completing
- A sample completed application is available at www.cedaorg.net
- Applicants are **required** to submit the following documents with the completed application:

1. CSBG scholarship application

- Complete the 4-page application that includes the “Family/Household Members Characteristics” parts I and II
- Answer **all** areas in the 4-page application. If not applicable, enter “N/A”
- A parent/guardian must also sign pages of the application if applicant is under 18 years of age

2. Proof of residency

- Only suburban Cook County residents are eligible
- Include a **clear copy** of the Illinois Driver’s License **or** Illinois State ID for the applicant **and** all household members 18 years of age and older

3. Social security cards

- Include a **clear copy** of the social security cards for **all** household/family members including infants and children

4. Proof of household gross income for 30 days – May 1, 2023 through May 31, 2023

- Proof of income required for all family members 18 years of age or older and those younger than 18 receiving an income such as SSI for a medical condition
- Eligibility is determined by **gross income** (before taxes) **not net income** (after taxes). Any income documents sent with the application must show the amount of gross income
- Provide proof of income received between **May 1, 2023 through May 31, 2023**
- Proof of income includes documents such as payroll check receipts, unemployment payment history statements, current Social Security, SSDI, or SSI letter documenting monthly allotment, child support disbursement payment history, etc. or a “No Income/No Proof of Income Affidavit”



Common mistake alert:

When sending proof of income, use the pay dates (the date money was actually received) not pay periods (weeks in which the money was earned).

5. Official transcript

- Include the applicant’s most recent transcript with GPA **or** GED with test scores

6. Personal essay

- Type an essay with a minimum of 300 words. List of topics to select are included in application.

7. Letter of recommendation.

- One letter of recommendation is required.
- The recommendation must be on letterhead and signed by the writer.



Illinois
Department of Commerce
& Economic Opportunity

2023 CSBG SCHOLARSHIP PROGRAM

Family Support and Community Engagement (FsACE)

Award Selection

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

1. Application completeness: 4-page application and all documents requested
 2. Grade Point Average (GPA) or Graduate Equivalency Degree (GED) scores
 3. One Personal Essay
- Only colleges and universities located within Illinois are acceptable
 - Scholarship awards can be used for only the fall semester/quarter
 - Allowable costs include tuition, fees, or books
 - Scholarship awards range from \$500 to \$3,000
 - Scholarship award is sent directly to the college or university on the applicant's behalf

PLEASE NOTE: In order to qualify, the applicant must have a balance after all grants and other scholarships are applied. If the applicant does not have a balance, the applicant will not be eligible for the CSBG Scholarship. Final school costs will be requested before a scholarship is awarded.

Award notifications will occur via email the week August 7, 2023 to the email included on the application cover page.

Submission Instructions

Mail or deliver application no later than Friday, June 9, 2023 by 5:00pm to:

CEDA of Cook County, Inc.
ATTN: 2023 CSBG Scholarship Program
53 East 154th Street
Harvey, IL 60426

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL NOT BE ELIGIBLE FOR THE 2023 CSBG SCHOLARSHIP PROGRAM.
NO EXCEPTIONS.

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



**NEED HELP
COMPLETING YOUR
APPLICATION?**

A sample completed application is available at www.cedaorg.net

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.



Illinois
Department of Commerce
& Economic Opportunity

2023 CSBG SCHOLARSHIP PROGRAM

Family Support and Community Engagement (FsACE)

Application Checklist

See “Application Instructions” for more detailed information.

Please review the package to ensure that the following is included.

- CSBG scholarship application**
(application pages 1-4)
- Proof of household gross income from May 1, 2023 through May 31, 2023**
(for all family members 18 years of age and older)
- Illinois driver’s license or state I.D**
(for all family members 18 years of age and older)
- Social security cards**
(for all family members including infants and children)
- Official transcript or GED with test scores**
(most recent transcript required)
- Minimum 300-word essay**
- Letter of Recommendation**

Eligibility Requirements

- Enrolled in school **full-time** by September 15, 2023.
- Enrolled in a college or university located in **Illinois** to obtain an undergraduate or graduate degree. Doctoral degrees are not eligible.
- Resident of **suburban Cook County**.
- **Income eligible** with proof of household gross income for 30 days: May 1, 2023 – May 31, 2023. (see table to the right)

2023 Income Eligibility Guidelines (Gross Income)		
Size of Household	30 Day Income Limit	Annual Income Limit
1	\$2,430.00	\$29,160.00
2	\$3,287.00	\$39,440.00
3	\$4,143.00	\$49,720.00
4	\$5,000.00	\$60,000.00
5	\$5,857.00	\$70,280.00
6	\$6,713.00	\$80,560.00
7	\$7,570.00	\$90,840.00
8	\$8,427.00	\$101,120.00
For each additional person add	\$857.00	\$10,280.00

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART I

Print full name of all family members below and provide requested data.

The scholarship applicant must be included on this page as well.

	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	3-19-1986	36	N	N	MR	College 3
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. See sample completed application at www.cedaorg.net for an example.

FAMILY/HOUSEHOLD MEMBERS	Member Name	Member Name	Member Name	Member Name	Member Name	Member Name
Print Family Members Names to Right → <i>*The applicant must be included as well* 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						

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART II Continued

FAMILY/HOUSEHOLD MEMBERS						
Income Support: (Total from May 1, 2023 to May 31, 2023)						
-- Employment	\$	\$	\$	\$	\$	\$
-- TANF (AFDC)	\$	\$	\$	\$	\$	\$
-- Supplemental Insurance Income (SSI)	\$	\$	\$	\$	\$	\$
-- Social Security Disability (SSDI)	\$	\$	\$	\$	\$	\$
-- VA Benefits	\$	\$	\$	\$	\$	\$
-- VA Service-Connected Disability	\$	\$	\$	\$	\$	\$
-- VA Non-Service Disability Pension	\$	\$	\$	\$	\$	\$
-- Private Disability Insurance	\$	\$	\$	\$	\$	\$
-- General Assistance (GA)	\$	\$	\$	\$	\$	\$
-- Worker's Compensation	\$	\$	\$	\$	\$	\$
-- Retirement Income/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 or 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)



Illinois
Department of Commerce
& Economic Opportunity

2023 CSBG SCHOLARSHIP PROGRAM

Family Support and Community Engagement (FsACE)

Personal Essay

- Please type an essay (**300 words minimum**) on one of the topics listed below.
 - Indicate your topic by checking the appropriate box.
 - Include your name and birth date for identification purposes on the essay.
 - Applicants must submit a different essay with each application or 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 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 writer.**



Illinois
Department of Commerce
& Economic Opportunity

2023 CSBG SCHOLARSHIP PROGRAM

Family Support and Community Engagement (FsACE)

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 2023 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 2023 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: _____



Illinois Department of Commerce & Economic Opportunity

2023 CSBG SCHOLARSHIP PROGRAM

Family Support and Community Engagement (FsACE)

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.**

Empty box for explanation of "No Income"

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.**

Empty box for explanation of "No Proof of Income"

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: _____



SUBURBAN COOK COUNTY FAMILY SUPPORT AND COMMUNITY ENGAGEMENT (FSACE)



WHAT IS IT?

FsACE is a "case management" program that looks at your needs and build you a path toward self-sufficiency.



HOW DOES IT HELP? YOU CAN GET...

- DENTAL & VISION SERVICES** services like exams and glasses
- TRANSPORTATION** help with car repairs, bus cards, gas cards, and more
- SCHOLARSHIPS** for post-secondary education
- JOB PREP & COUNSELING** with training, job placement, and more
- FRESH PRODUCE** and nutrition education
- ADDITIONAL FUNDS** for your unique needs, like beds, getting an ID, paying GED fees, and more.



DO I QUALIFY?

You must live in Suburban Cook County and meet the income guidelines:

Household Size	1	2	3	4	5	6	7	8
30-Day Income	\$2,430	\$3,287	\$4,143	\$5,000	\$5,857	\$6,713	\$7,570	\$8,427
Annual Income	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120



WHAT DO I NEED TO DO? PRE-APPLY TODAY!

Call **(312) 795-8948**. You'll need a driver's license/state ID/Consular Identification Card, as well as Social Security cards and income from the past 30 days for all household members.

We will let you know if we need additional documents.



Sign up for news and updates! CEDAorg.net/GetHelp