



Illinois
Department of Commerce
& Economic Opportunity

2024 CSBG Scholarship Application

Family Support and Community Engagement (FsACE)


**SAMPLE
COMPLETED APPLICATION**



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2024 CSBG SCHOLARSHIP PROGRAM

Family Support and Community Engagement (FsACE)

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: Illinois	Zip Code: <u>60470</u>	
Home Phone Number: ()		Cell Phone: <u>(708) 789-3546</u>		
Birth Date: <u>3/22/2005</u>	Age: <u>19</u>	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Social Security Number: <u>543-21-6543</u>	
 Email Address: (Please print legibly. This email address will be used to communicate with the applicant.) <u>sofiasmith@gmail.com</u>				
FAMILY INFORMATION				HOUSING STATUS
<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Multi-Generational Household	Total number of household members: <u>3</u>	Total number of youth ages 14-24 who are <u>not</u> working or <u>not</u> in school: <u>0</u>	<input checked="" type="checkbox"/> Rent
<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Non-Related Adults with Children			<input type="checkbox"/> Own
<input checked="" type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Two Adults/No Children			<input type="checkbox"/> Homeless
<input type="checkbox"/> Single Person	<input type="checkbox"/> Other			<input type="checkbox"/> Other
HOUSEHOLD INCOME SOURCE(S): check all applicable				
<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Social Security	<input type="checkbox"/> SSI/P3	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Earnfare (General Assistance)	<input type="checkbox"/> Pension	<input checked="" type="checkbox"/> No Source of Income ¹	
<input type="checkbox"/> Alimony/Child Support	<input type="checkbox"/> SSDI (Disabled)	<input type="checkbox"/> TANF	¹ A "No Income/No Proof of Income Affidavit" is required if box is checked.	
SCHOOL INFORMATION				
Is this your <u>1st</u> time applying for the CSBG Scholarship? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name of School Attending in the Fall <u>One University</u>				
City and State of School: <u>Chicago, IL</u>		Expected Graduation: Month <u>06</u> Year <u>2027</u>		
Major or Course of Study: <u>Accounting</u>				
Check one: <input checked="" type="checkbox"/> Undergraduate Program <input type="checkbox"/> Graduate Program (Doctoral degrees are <u>not</u> eligible)				
Current Year of School: <input checked="" type="checkbox"/> Incoming College Freshman <input type="checkbox"/> College Sophomore <input type="checkbox"/> College Junior <input type="checkbox"/> College Senior				
<input type="checkbox"/> Graduate Student (not Doctorate)				
This application is for undergraduate & graduate programs only. Vocational students should call (312) 259-4237 for the Trade Skills				
RELEASE OF INFORMATION				
I consent that the school that I am attending may release financial aid, admissions and registrar information to the Community and Economic Development Association of Cook County, Inc. (CEDA) to include the total dollar amount of my student loans, total amount of scholarships received, overall student standing, most recent grades, GPA, and anticipated date of graduation.				
Applicant's Signature: <u>Sofia Smith</u>				
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: _____				

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	Sofia J. Smith	Self	543- 21-6543	3/22/2005	19	N	N	MR	12th grade
2	John A. Smith	HOH	395- 64-2312	1/12/1977	47	Y	N	MR	Colleg 3
3	Joseph R. Smith	Brother	312- 11-1234	1/17/2016	8	N	N	MR	3rd 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; "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*</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						
-- None	X		X			


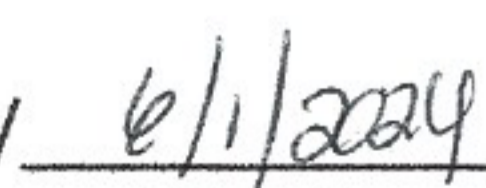
FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS - PART II Continued

FAMILY/HOUSEHOLD MEMBERS	Sofia Smith	John Smith	Joseph Smith			
Income Support: (Total from May 1, 2024 to May 31, 2024)						
-- Employment	\$	\$	\$	\$	\$	\$
-- TANF (AFDC)	\$	\$	\$	\$	\$	\$
-- Supplemental Insurance Income (SSI)	\$	\$ 1,500	\$	\$	\$	\$
-- 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)	\$ 0	\$	\$ 0	\$	\$	\$
TOTAL (Individual Members):	\$ 0	\$ 1,500	\$ 0	\$	\$	\$

TOTAL FAMILY INCOME (All Members): \$ 1,500.00

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)



Your New Benefit Amount

BENEFICIARY'S NAME: JOHN SMITH

Your Social Security benefits will increase by 1.7 percent in 2024 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, 2022,
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, 2022, 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, 2022, we show \$0.00)
- After we take any deductions, you will receive on Jan. 3, 2024 \$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, 2024. 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: 6/4/2024

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: 6/4/2024

WITNESS (PRINT NAME) John Smith DATE: 6/4/2024

WITNESS (SIGNATURE) [Signature] DATE: 6/4/2024

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 Jesse White • Secretary of State
DRIVER'S LICENSE



Lic No: D400-7836-0001

DOB: 01-12-1977
Expires: 01-12-2025
Issued: 08-13-2021

Class: D
Exp:
Sex: M
Hair: BRN

John Smith
123 Main Street
Crestwood, IL

John Smith

ILLINOIS Jesse White • Secretary of State
DRIVER'S LICENSE



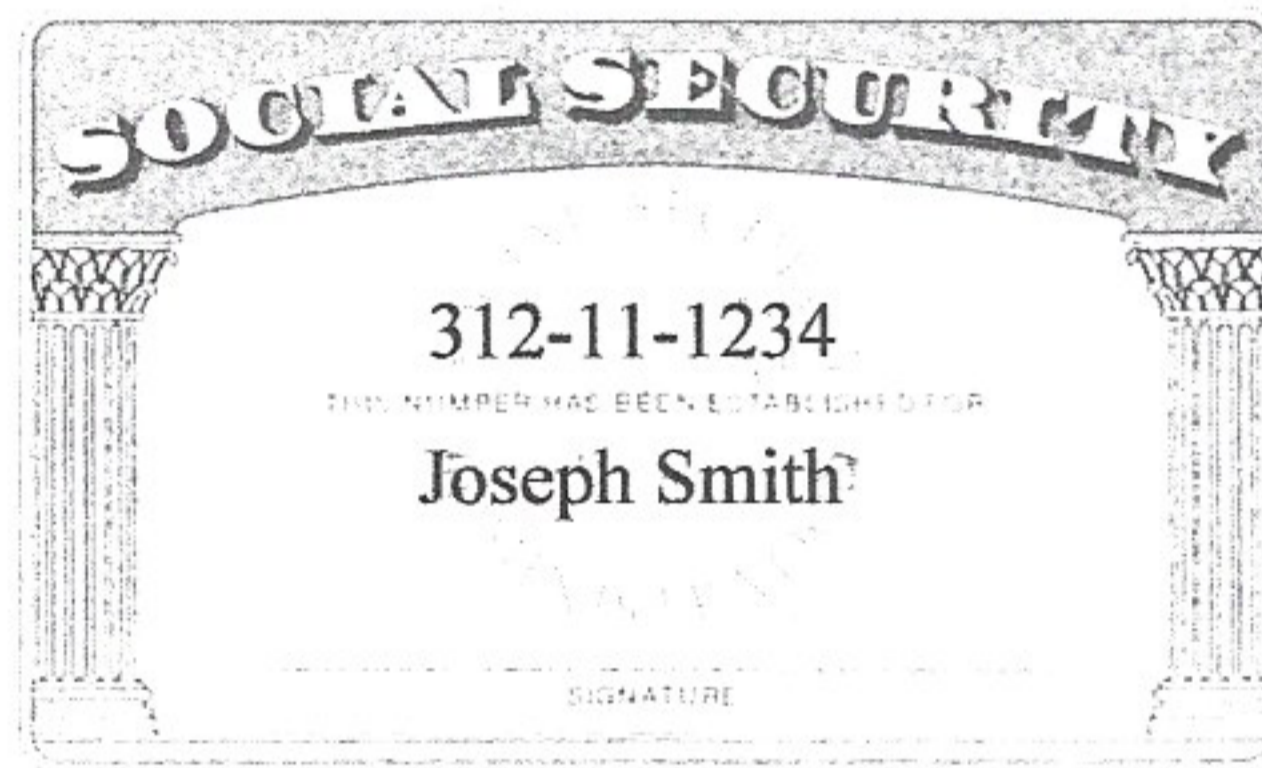
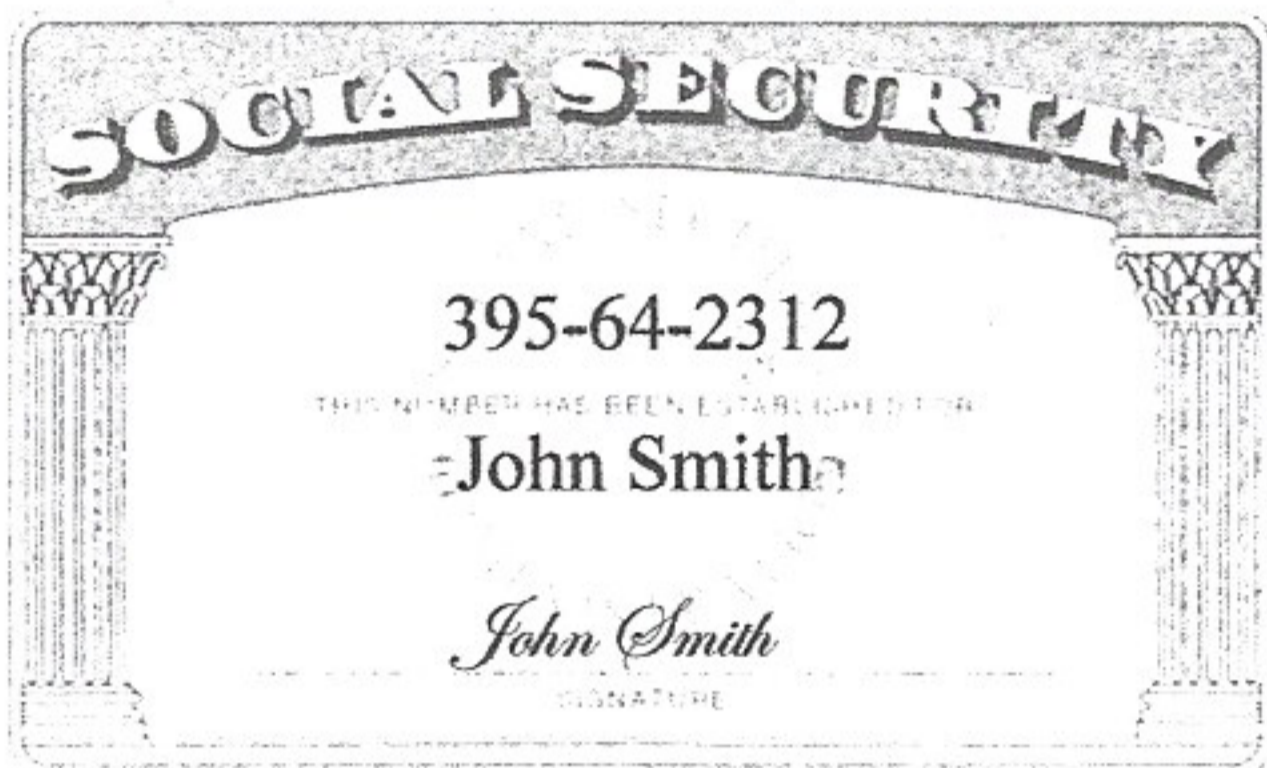
Lic No: D400-7836-0001

DOB: 03-22-2005
Expires: 10-11-2024
Issued: 06-10-2020

Class: D
Exp:
Sex: F
Hair: BRN

Sofia Smith
123 Main Street
Crestwood, IL

Sofia Smith





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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.

Sofia Smith
May 10, 2024

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.