



Illinois  
Department of Commerce  
& Economic Opportunity

# 2025 CSBG SCHOLARSHIP APPLICATION

Family Support and Community Engagement (FsACE)

*This program is for Suburban Cook County residents ONLY*

We are excited to announce the **2025 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 20, 2025, by 5:00 p.m.**

*Mailed, delivered, or postmarked applications that arrive after June 20, 2025 at 5pm will not be accepted.*

Please mail or hand-deliver to:

**CEDA of Cook County, Inc.**

**ATTN: 2025 CSBG Scholarship Program**

**53 E. 154<sup>th</sup> St.**

**Harvey, IL 60426**

**Applications received before June 6, 2025 or after the June 20, 2025 deadline will NOT be accepted.**

*To learn more, please contact*

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

*City of Chicago Residents: [DFSScsbgscholarship@cityofchicago.org](mailto:DFSScsbgscholarship@cityofchicago.org)*



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## 2025 CSBG SCHOLARSHIP PROGRAM

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### Application Instructions

- Read entire application fully before completing
- A sample completed application is available at [www.cedaorg.net](http://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 7, 2025 through June 6, 2025

- 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 7, 2025 through June 6, 2025**
- 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. Personal essay

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



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### Award Selection

Scholarship awards are based application completeness and financial need.

- 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 up to \$5,000
- Scholarship awards are 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 of August 11, 2025, to the email included in the scholarship application.

### Submission Instructions

Mail or deliver application no later than Friday, June 20, 2025 by 5:00pm to:

**CEDA of Cook County, Inc.**  
**ATTN: 2025 CSBG Scholarship Program**  
**53 East 154<sup>th</sup> Street**  
**Harvey, IL 60426**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL NOT BE ELIGIBLE FOR THE 2025 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](http://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](mailto:csbgscholarship@cedaog.net).

Participation is not required.



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## 2025 CSBG SCHOLARSHIP PROGRAM

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### 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 7, 2025 through June 6, 2025**  
(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)
- 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)
- Minimum 300-word essay**

### Eligibility Requirements

- Enrolled in school **full-time** by September 15, 2025.
- 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 7, 2025 – June 6, 2025. (see table to the right)

2025 Income Eligibility Guidelines (Gross Income)		
Size of Household	30 Day Income Limit	Annual Income Limit
1	\$2,608.00	\$31,300.00
2	\$3,525.00	\$42,300.00
3	\$4,442.00	\$53,300.00
4	\$5,358.00	\$64,300.00
5	\$6,275.00	\$75,300.00
6	\$7,192.00	\$86,300.00
7	\$8,108.00	\$97,300.00
8	\$9,025.00	\$108,300.00
For each additional person add	\$917.00	\$11,000.00



## 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)
	<b>Example:</b> 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](http://www.cedaorg.net) for an example.

<b>FAMILY/HOUSEHOLD MEMBERS</b>	<b>Member Name</b>	<b>Member Name</b>	<b>Member Name</b>	<b>Member Name</b>	<b>Member Name</b>	<b>Member Name</b>
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>						
<b>FAMILY INFORMATION</b>						
<b>Gender</b>						
-- Male						
-- Female						
-- Other						
-- Unknown/Not Reported						
<b>Military Status</b>						
-- Veteran						
-- Active Military						
-- Unknown/Not Reported						
-- None						
<b>Work Status</b>						
-- 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						
<b>Health Insurance Sources:</b>						
-- Medicaid						
-- Medicare						
-- State Children’s Health Ins. Program						
-- State Health Insurance for Adults						
-- Military Health Care						
-- Direct Purchase						
-- Employment Based						
-- None						
<b>Non-Cash Benefits:</b>						
-- SNAP						
-- WIC						
-- LIHEAP						
-- Housing Choice Voucher						
-- Public Housing						
-- Permanent Supportive Housing						
-- HUD-VASH						
-- Childcare Voucher						
-- Affordable Care Act Subsidy						
-- Other						
-- None						

**FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART II Continued**

**FAMILY/HOUSEHOLD MEMBERS**

**Income Support: (Total from May 7, 2025 to June 6, 2025)**

-- 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)	\$	\$	\$	\$	\$	\$
<b>TOTAL (Individual Members):</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**TOTAL FAMILY INCOME (All Members): \$**

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)





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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.



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### 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 2025 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 2025 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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# 2025 CSBG SCHOLARSHIP PROGRAM

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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): \_\_\_\_\_ 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 7 through June 6*

\$ \_\_\_\_\_

**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 7 through June 6*

\$ \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_



Family Support and  
Community Engagement

# YOUR PATH TO OPPORTUNITY AND STABILITY

## Discover Comprehensive Support for suburban Cook County Residents

At CEDA Family Support and Community Engagement (FsACE), we offer programs to help you achieve stability, independence, and long-term success. Some include Case Management with personalized support for up to 45 days, while others provide short-term assistance for a variety of needs.

### PROGRAMS WE OFFER:

#### Case Management Programs

(45-Day Commitment)

- **Auto Repair Assistance** Up to \$2,500 per household for essential vehicle repairs.
- **Dental Care Assistance** Up to \$5,000 per household for preventive, restorative, and major dental services.
- **Summer Youth Employment Program (SYEP)** Paid summer employment opportunities for youth with professional development sessions.
- **Trade Skills Program** Up to \$5,500 per household for vocational training, certifications, and related expenses.

- **Vision Care Assistance**

Up to \$500 per household for eye exams, glasses, and contact lenses.

- **Youth Enrichment Financial Assistance**

Up to \$600 per child and \$1,800 per household for summer camps and after-school programs.

#### Short-Term Assistance Services

- **Emergency Relief Services**

Financial support for post-disaster recovery, including temporary shelter, furniture, and food gift cards.

- **Family Nutrition Program**

Fresh produce distributions with recipe guidance provided by the Greater Chicago Food Depository.

- **Information & Referral Program**

Assistance connecting individuals to resources and CEDA FsACE programs.

- **Scholarship Program**

Up to \$5,000 per recipient for students attending Illinois colleges and universities.

#### Barrier Reduction Program (BRP)

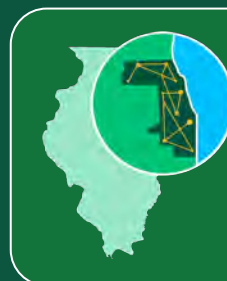
Designed specifically for SNAP participants who are currently employed, seeking employment, or enrolled in a vocational training program.

- **Auto Repair Assistance:** Up to \$1,400 per household.
- **Rental Assistance:** Up to \$2,000 per household.

## Contact Us Today

Call our Information & Referral Helpline at **(312) 795-8948** for more information or to pre-apply.

[www.cedaorg.net](http://www.cedaorg.net)



This program proudly  
serves residents of  
suburban Cook County.

# How Our Programs Work

## What is Case Management?

Programs tied to Case Management offer more than financial assistance. When you participate, you'll work with a dedicated Case Manager for up to 45 days to:

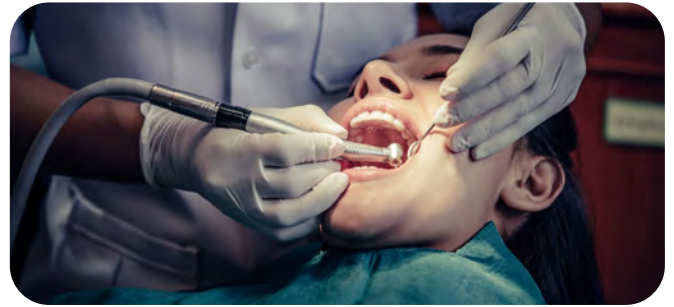
- Assess your situation and set personalized goals.
- Connect you with additional services and resources as needed.
- Monitor your progress and provide guidance to help you succeed.

## Why is Case Management Important?

Case Management ensures that financial assistance translates into meaningful, long-term stability for you and your family.

## Eligibility Requirements

- Must be a resident of suburban Cook County.
- Household income must be at or below 200% of the Federal Poverty Level (FPL).
- Provide proof of identity, such as a valid government-issued photo ID.



Household Size	Max. 30-day Income	Max Annual Income
1	\$2,608	\$31,300
2	\$3,525	\$42,300
3	\$4,442	\$53,300
4	\$5,358	\$64,300
5	\$6,275	\$75,300
6	\$7,192	\$86,300
7	\$8,108	\$97,300
8	\$9,025	\$108,300

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**IACAA**

This program proudly  
serves residents of  
suburban Cook County.



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