

**C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION
COMMUNITY SERVICES BLOCK GRANT SCHOLARSHIP PROGRAM
2009-2010 ACADEMIC YEAR**

Complete this scholarship application if you wish to be considered for financial assistance for an institution-approved full-time (12 Credit Hrs.) post secondary course of study, leading to a career and/or employment at an Illinois institution. This assistance will be for the current academic year and may be renewable for a second year, depending on availability of funds and your record of performance.

In order for your application to be considered, these guidelines apply:

1. You must be income-eligible according to guidelines established by the 2009 revision of poverty guidelines.

These guidelines are as follows: (Circle appropriate level)

Family Size	90 Day
1	\$5415
2	\$7285
3	\$9155
4	\$11,025
5	\$12,895
6	\$14,765
7	\$16,635
8	\$18,505
For family units with more than 8 members, add \$7,480 for each additional member.	

2. You must have proven performance capabilities, as indicated by past grade reports, work records, references, letters of recommendation, etc.
3. You must be a resident of one of the seven (7) counties served by C.E.F.S., (Christian, Clay, Effingham, Fayette, Montgomery, Moultrie, and Shelby counties).

(CIRCLE THE COUNTY YOU LIVE IN AND PROVIDE PROOF)

INSTRUCTIONS

1. Please include income documentation for the past 90 days.
2. Please include personal and/or academic letters of reference from any unrelated individuals with this application.
3. If currently attending school, please request your high school or college to mail a copy of your transcript to C.E.F.S. Economic Opportunity Corporation at the address listed below.
4. Complete the following form and return it together with the items requested in 1 and 2 to the following address by **Friday, May 15, 2009 at 4:00 p.m.**

(Please stamp Outreach Office Address Below)

Community Services Block Grant Scholarship Program

PERSONAL DATA

1. _____ Social Security # _____
(Name)
2. _____
(Address) (City) (Zip)
3. _____
(Home Phone) (Work Phone)
4. Marital Status: Single Married Separated Divorced Widowed
(Circle One)
5. Number of Dependents _____
6. Do you reside with one or both parents? _____

ACADEMIC DATA

1. High School last attended _____
(City & State)
2. Date of High School Graduation _____ Or Completion of GED _____
3. Previous College Attendance:
Name of Institution _____
Location _____
Dates of Attendance _____

PREVIOUS WORK EXPERIENCE

Please list jobs held, names and addresses of employers and dates of employment.

(Job Title) (Employer)

(Address) (Dates)

(Job Title) (Employer)

(Address) (Dates)

(Job Title) (Employer)

(Address) (Dates)

(Job Title) (Employer)

(Address) (Dates)

(Job Title) (Employer)

(Address) (Dates)

REFERENCES

List three persons who are not related to you and may be contacted as a personal character reference.

	Name	Address	City	State	Phone
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

School to Attend: _____

Degree/Vocation to be pursued: _____

Please write a brief narrative describing your educational and career goals and the reasons why you have chosen to pursue these goals. The narrative should be 300-500 words, typed, double spaced with a 12 pt. font.

TO BE COMPLETED BY STUDENTS LIVING WITH PARENT(S)

1. Father's (or Stepfather) Full Name _____
2. Father's (or Stepfather) Occupation _____
3. Mother's (or Stepmother) Full Name _____
4. Mother's (or Stepmother) Occupation _____
5. Parent's Marital Status _____ Number of Brothers and Sisters at Home _____

TO BE COMPLETED BY MARRIED STUDENTS OR SINGLE STUDENTS WITH/WITHOUT DEPENDENTS

1. Spouse or Significant others Name:

2. Number of Dependent Children _____ and their ages _____
3. Spouse or Significant others Occupation:

4. Spouse or Significant others Employer:

(Name)

(Address)
5. Is spouse or Significant other a full-time student _____ If yes, at what school?

FINANCIAL ASSISTANCE INFORMATION FOR 2009-2010 ACADEMIC YEAR

1. TANF Assistance (Temporary Assistance for Needy Families), Department of Human Services monthly amount to be received \$ _____
2. Assistance through Department of Rehabilitation Services \$ _____
3. Illinois Guaranteed Loan Program \$ _____
4. Amount anticipated from Pell Grant \$ _____
5. Other assistance programs (VA/WIA/etc.)\$ _____
6. Currently employed at _____
(Name)

(Address)

(Telephone)

7. Working average of _____ hours a week, earning an average of \$ _____ a week.
8. I will continue to be employed during school term, working an average of _____ hours a week at \$ _____ an hour.
9. My and/or family income for the last 90 days was \$ _____.
10. My and/or family income anticipated monthly during school year will be \$ _____.

STATEMENT OF EDUCATIONAL PURPOSE

I affirm that I will use any funds I receive under the C.E.F.S. Community Services Block Grant Scholarship Program solely for expenses related to the pursuit of an institution-defined full course of post-secondary study leading to a career field. I understand that I am responsible for repaying any funds that I receive which cannot reasonably be attributed to assist in meeting my educational expenses related to attendance at the institution.

I further understand that the amount of any repayment is based on regulations published by the Secretary of Education.

I also affirm that, to the best of my knowledge, I have provided C.E.F.S. Economic Opportunity Corporation with complete and accurate information on this application concerning all other financial assistance I have received. I understand that if I failed to provide complete information, all or part of the financial assistance from C.E.F.S. Economic Opportunity Corporation may be withdrawn.

I declare under penalty of perjury that the foregoing is true and correct.

I give my permission for educational institutions to release my academic and financial records to C.E.F.S. Economic Opportunity Corporation in consideration of receiving and continuing C.E.F.S. financial assistance.

(Signature) (Date)

Funding for this program is made available by the Illinois Department of Commerce and Economic Opportunity, through the Community Services Block Grant Program.

APPLICANT - PLEASE DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Initial Application/Document Review: _____
Date Staff Signature

Manager's Application Review: _____
Date Staff Signature

C.E.F.S. Board of Directors Review: _____
Date Staff Signature

Scholarship Applicant is: _____ Approved _____ Not Approved

Manager's Signature _____

INCOME DOCUMENTATION

For a complete application, gross income documentation and/or affidavits must be provided for

each person in the household who has received income during the previous 90 days. If a household is on a fixed income (income that does not change), it is acceptable to verify one pay stub as income if dated no more than 60 days prior to application date. Examples of fixed income include:

- SSI (Supplemental Security Income)
- VA Benefits
- DHS Payments (TANF, AABD, RRA)
- Pensions
- Social Security
- Railroad Retirement

Acceptable types of documentation are:

- The preprinted application from the Department of Human Services for AABD and TANF households.
- Check(s) or copy of the check(s) for the above described examples of fixed income.
- Check Stubs (covering the 90 day period) that indicate payee, source, time period and amount.
- Statement of a person who cashes the checks i.e., currency exchanges, banks, grocery stores.
- A medical eligibility card for TANF or RRA recipients.
- Statement or affidavit from the source of the income such as an employer, Social Security Administration, Public Aid (state office), Veteran's Administration, Department of Labor, Township, etc., and an Eligibility Verification Form

If an applicant does not have proof of income for the full 90 days, have the applicant go to the source of the income(s) and have the source complete an Income Statement. Provide forms for each source of income and have them returned directly to the agency by the income source. Agencies may consider providing self-addressed stamped envelopes for this purpose.

Considered Income:

- Gross Wages/Salaries
- Interest
- Dividends
- Net Royalties
- Net Receipts from Non-Farm/Farm Self Employment (after deductions for business expenses)
- Unemployment Compensation
- Alimony
- Strike Benefits
- Child Support
- Net Rental Income
- Worker's Compensation
- Sick Pay
- Military Family Allotments
- Regular Insurance or Annuity Payments
- Lottery Winnings
- Net Gambling

Not Considered as Income:

- Payments for Vocational Rehabilitation, Transportation and Maintenance

- Reimbursements for Medical Expenses
- Payments made on households behalf
- Loans (including student loans)
- Scholarships, subsistence amounts and student grants
- Assets drawn down as withdrawals of cash
- Foster Care Stipend
- Tax Refunds
- Gifts
- Lump Sum Inheritances
- One-time Insurance Payments
- Compensation for Injury