



Family Service Agency
Strengthening Individuals & Families



Illinois
Department of Commerce
& Economic Opportunity

2024 CSBG SCHOLARSHIP APPLICATION

Community Action Program

This program is for DeKalb County residents ONLY.

We are excited to announce the **2024 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.

Family Service Agency's Community Action 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. This scholarship aims 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

Tuesday, October 1st, 2024, by 5:00 pm CST

Mailed, delivered, or postmarked applications that arrive after October 1st, 2024 at 5:00 pm will not be accepted.

Please hand-deliver or submit via email:

Family Service Agency

ATTN: Community Action Program

1325 Sycamore Road, DeKalb, IL 60115

CAP@FSADekalbCounty.org

To learn more

(815)758-8616 | www.fsadekalbcounty.org | cap@fsadekalbcounty.org

2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

Application Instructions

- Read the entire application fully before completing
- Applicants are **required** to submit the following documents with the completed application:

1. CSBG scholarship application

- Complete the application that includes the “Family/Household Members Characteristics”
- 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 DeKalb County residents are eligible
- Verification of DeKalb County residency, including one of the following: current lease or mortgage statement, current utility bill with address, or Statement from shelter on agency letterhead.
- Include a **clear copy** of Driver’s License or State ID for the applicant **and** all household members 18 years of age and older

3. Social Security cards

- If possible, include a **clear copy** of the social security cards for **all** household/family members including infants and children.
- *If you or members of your household do not have social security cards or proof of United States citizenship, you are eligible to apply for this scholarship.*

4. Proof of household gross income for 30 days Prior to Application Submission

- 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 30 days prior to application submission
- 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.
- 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 or unofficial 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 is included in the application.

7. Letter of recommendation.

- One letter of recommendation is required.
- The writer must physically sign the recommendation.

2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

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, universities, and trade schools located within Illinois are acceptable
 - Scholarship awards can be used for fall and spring semesters
 - Allowable costs include tuition, fees, books, or supplies
 - Scholarship award is \$2,500
 - Scholarship award is sent directly to the college or university on the applicant's behalf

PLEASE NOTE: To qualify, the applicant must have a balance after applying for all grants and other scholarships. 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 December 9, 2024 to the email included on the application cover page.


Submission Instructions

Email or deliver application no later than Tuesday, October 1st, 2024 by 5:00pm to:

Family Service Agency
ATTN: Community Action Program
1325 Sycamore DeKalb, IL 60115
CAP@FSADekalbCounty.org

Notice

Please do not contact our office regarding the status of your application. This may result in disqualification from the 2024 CSBG Scholarship opportunity.

 **INCOMPLETE AND ILLEGIBLE APPLICATIONS WILL NOT BE REVIEWED AND WILL NOT BE ELIGIBLE FOR THE 2024 CSBG SCHOLARSHIP PROGRAM. NO EXCEPTIONS.**

If you have any questions, please call (815)758-8616

2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

Application Checklist

See “Application Instructions” for more detailed information.

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

- Completed CSBG Scholarship Application**
- Unofficial transcript or GED with test scores**
(most recent transcript required)
- Proof of household gross income from the past 30 days**
(for all family members 18 years of age and older)
- Driver’s license or state I.D**
(for all family members 18 years of age and older)
- Proof of DeKalb County Residency**
(lease, mortgage, utility bill, or letter from shelter)
- Social security cards (if applicable)**
(for all family members, including infants and children)
- Letter of Recommendation**
- Minimum 300-word essay**

Eligibility Requirements

- Enrolled in school **full-time**
- Enrolled in an Illinois trade school, college, or university to obtain a certificate, undergraduate, or graduate degree. Doctoral degrees are not eligible.
- Resident of **DeKalb County**.
- **Income eligible** with proof of household gross income for past 30 days (see table to the right).

2024 Income Eligibility Guidelines (Gross Income)		
Size of Household	30-Day Income Limit	Annual Income Limit
1	\$2,265.00	\$27,180.00
2	\$3,052.00	\$36,620.00
3	\$3,838.00	\$46,060.00
4	\$4,625.00	\$55,500.00
5	\$5,412.00	\$64,940.00
6	\$6,198.00	\$74,380.00
7	\$6,985.00	\$83,820.00
8	\$7,772.00	\$93,260.00
For each additional person, add:	\$786.00	\$9,440.00

2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

PERSONAL INFORMATION

⚠ IF YOUR APPLICATION IS NOT LEGIBLE, YOU MAY BE DISQUALIFIED FROM RECEIVING THE CSBG SCHOLARSHIP

Applicant's Legal Name:

First

Middle

Last

Street Address:

Apt/Unit No:

City:

State:

Zip:

Phone Number:

Email:

DOB: / /

Age:

Gender:

Are you a US Citizen? Yes No

Citizenship is not an eligibility parameter

Applicant Social Security Number:

FAMILY INFORMATION

- Two Parent Household
- Single Parent/Female
- Single Parent/Male
- Single Person

- Multi-Generational Household
- Non-Related Adults with Children
- Two Adults/No Children
- Other

Total number of household members: _____
Total number of household members **under 18**: _____

HOUSING STATUS

- Rent
- Own
- Homeless
- Other

SCHOOL INFORMATION

Is this your first time applying for the CSBG Scholarship? Yes No Unsure

Name of School Attending: _____

City and State of School: _____, _____ Anticipated Graduation Date (month/year): _____

Major or Course of Study: _____

Check One: Undergraduate Program Graduate Program (*Doctoral degrees are not eligible*) Trade School

Current Year of School: Incoming College Freshman College Freshman College Sophomore College Junior
 College Senior Graduate Student Other: _____

RELEASE OF INFORMATION

I consent that the school that I am attending may release financial aid, admissions, and registrar information to Family Service Agency of DeKalb County including the dollar amount of my student loans, the total amount of scholarships received, overall student standing, most recent grades, GPA, and anticipated date of graduation.

Applicant's Signature: _____ Parent/Guardian Signature (*if under 18*): _____

If I am awarded a scholarship, I give Family Service Agency permission to publish my name and picture on FSA's website, social media, and any press releases. Check One: Yes No

Applicant's Signature: _____ Parent/Guardian Signature (*if under 18*): _____

2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS

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

Scholarship applicant must be included on this page as well.

 Read instructions thoroughly.

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 household member is designated as having a disability, please specify the condition in the space provided below (*example: Samantha, Cerebral Palsy*).
3. Please use the following **CODE** for Race and Ethnicity:

B/AA Black/African American **W** White **AIAN** American Indian or Alaska Native **MR** Multi-Race (two or more races)
NHOPI Native Hawaiian or Other Pacific Islander **HLS** Hispanic, Latinx, or Spanish **A** Asian **NL** Not Listed/Other

4. Current grade (if in school) or highest level of education completed

Name First, MI, Last Name	Relationship to Applicant (1)	Social Security Number	DOB	Age	Disability (2) (Y/N)	Race (3)	Education Level (4)
<i>Example: Samantha Jones</i>	<i>HOH Mother</i>	<i>123-45-5678</i>	<i>1/1/1960</i>	<i>64</i>	<i>Y</i>	<i>MR</i>	<i>High School</i>
<i>Example: McKayla Smith</i>	<i>Self</i>	<i>987-65-4321</i>	<i>12/3/2005</i>	<i>19</i>	<i>N</i>	<i>B/AA</i>	<i>High School</i>

2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS (continued)							
<p>Instructions: Print family/household members' names at the top and place an "X" for each correct characteristic for that family member. <i>If you have additional family/household members, please copy this page as necessary.</i></p> <p>For application questions, schedule an appointment with a Family Support Specialist by calling (815)758-8616.</p>							
FAMILY/HOUSEHOLD MEMBERS	Member Name	Member Name	Member Name	Member Name	Member Name	Member Name	Member Name
Print household members' names to the right → <i>The applicant must be included on this chart.</i>							
INFORMATION							
Gender							
Male							
Female							
Other							
Military Status							
Veteran							
Active Military							
None							
Work Status							
Employed Full-Time							
Employed Part-Time							
Migrant Seasonal Farm Worker							
Unemployed (Short-Term, 6 months or less)							
Unemployed (Long-Term, 6 months or less)							
Unemployed (Not in labor force)							
Retired							
None/Student/Child							
Health Insurance							
Medicaid							
Medicare							
State Health Ins. Program for Adult/Child							
Military Health Care							
Direct Purchase							
Employment-Based							
None							
Non-Cash Benefits							
SNAP							
WIC							
Housing Voucher							
HUD-VASH							
Childcare Voucher							
Other							
None							

2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS (continued)

Instructions: Print family/household members' names at the top and write the amount each family/household member received in each category in the last 30 days. *If you have additional family/household members, please copy this page as necessary.*

For application questions, schedule an appointment with a Family Support Specialist by calling (815)758-8616.

FAMILY/HOUSEHOLD MEMBERS	Member Name	Member Name	Member Name	Member Name	Member Name	Member Name	Member Name
Print household members' names to the right → <i>Missing members will result in the deduction of application points.</i>							
INFORMATION							
Employment	\$	\$	\$	\$	\$	\$	\$
TANF (AFDC)	\$	\$	\$	\$	\$	\$	\$
Supplemental Insurance Income (SSI)	\$	\$	\$	\$	\$	\$	\$
Social Security Disability (SSDI)	\$	\$	\$	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$	\$	\$	\$
Private Disability Insurance	\$	\$	\$	\$	\$	\$	\$
General Assistance (GA)	\$	\$	\$	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$	\$
Alimony or Other Spousal Support	\$	\$	\$	\$	\$	\$	\$
Survivor's Benefits	\$	\$	\$	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$
None (if so, enter \$0)	\$	\$	\$	\$	\$	\$	\$
TOTAL (Individual):	\$	\$	\$	\$	\$	\$	\$

TOTAL HOUSEHOLD INCOME (ALL MEMBERS): \$ _____

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.

Signature of Applicant

Date

Signature of Parent/Guardian (if under 18)

Date

2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

Personal Essay

- Please *type* an essay (**300 words minimum**) on **two** of the topics listed below.
 - If you need support accessing a computer, please contact FSA.
- Indicate your topics 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 annually 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 issues 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.

Letter of Recommendation

- Provide **one** professional letter of recommendation.
- The writer of the recommendation may come from your school, work, extra-curricular or church/house of worship activity environments.
- Letters can be mailed, hand-delivered, or emailed directly from the writer. Letters issued from the applicant will not be accepted.
- The recommendation **must be on the letterhead** of the agency, business, church, or school and **physically signed by the writer.**

2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

No Income / No Proof of Income Affidavit

Please complete this affidavit **only** if you indicate your household had **zero** income in the last 30 days.

Applicant Name (Print): _____ Date: _____

Street Address: _____

City and State: _____ Zip Code: _____

1. Have any of the household members listed in this application received cash payments from tips, side jobs, or other unspecified, nondocumented work in the last 30 days?
 Yes No
2. Have any of the household members listed in this application been gifted or given money without the expectation of it being paid back in the last 30 days?
 Yes No
3. Have any of the listed adult household members received a loan from a family member, friend, or financial institution in the past 30 days?
 Yes No

By certifying you have “No Income,” please provide an explanation in the space provided below as to how you are able to provide for basic living expenses such as housing, utilities, and food.

____ I hereby certify that the information provided above is true and is a complete statement of fact.

____ I understand that providing false information will invalidate this form and will be grounds for dismissal from this program and application process.

____ I understand that all adult members of my household may be subject to further verification of income information upon request by Family Service Agency.

Please note, all dates must be the same on this form:

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Witness (Print Name): _____ Date: _____

Witness (Signature): _____ Date: _____

Family Service Agency Staff (Signature): _____ Date: _____



2024 CSBG SCHOLARSHIP PROGRAM

Community Action Program

Use this sheet if necessary.