

## ***WILL COUNTY***

# ***CENTER FOR COMMUNITY CONCERNS***

***2455 GLENWOOD AVENUE, JOLIET, ILLINOIS 60435***

***PHONE: 815-722-0722      FAX: 815-722-6344***

### **Scholarship Application**

**YOUR COMPLETED APPLICATION IS DUE BY: February 27, 2023**

Dear Scholarship Applicant:

Thank you for your interest in the Community Services Block Grant Scholarship program. The maximum available per student this calendar year is \$1,000.00. Payments will be made directly to your school. If you are approved for this scholarship, you will receive a notification letter which you take to your school so that they may bill the Agency. General information about scholarship recipients is used for publicity purposes. A publicity release certification is included right above the signature line on the enclosed application form.

In order to be considered for the Scholarship Program, **you must complete all pages of the attached forms and submit all the required documentation list below and reside in Will County.** Incomplete applications will not be considered. If you have any questions please contact the office before submitting your application to ensure you are gathering all needed documentation.

- ✓ **Complete** Scholarship application forms
- ✓ **Complete** Information Referral sheets
- ✓ **Complete** Budget form. Monthly expense / cost
- ✓ **Complete** Zero Income Affidavit (for anyone in household that is age 18 yrs or older with no income anytime during the 60 days prior to application date)
- ✓ **Complete** Income Affidavit (for anyone 18 yrs or older with no income anytime during the 60 prior to application date), complete separate form for each household member that this form pertains to. If working for cash note amount received in the last 0 days.
- ✓ Copy of your Photo ID and Social Security Card
- ✓ Social Security Cards for all other members of your household
- ✓ Proof of your total household gross income (wages, SSI / SSA, unemployment, etc) for the 30 days prior to application date (the date application is submitted)
- ✓ If employment / income stopped within the last 60 days we will need proof of the last day of work and last check(s) received within the last 60 days.
- ✓ Unemployment printout is needed for anyone 18 yrs or older with no income
- ✓ Proof of benefits you have received from Dept. of Human Services (Public Aid) (printout of SNAP amount (food stamps), medical card, etc.). "Notice of Decision"
- ✓ Lease (complete with signature page), mortgage statement, property tax bill, deed, and/or utility bill to verify residency. **MUST BE A WILL COUNTY RESIDENT.**
- ✓ If already enrolled, please submit information from the college you are attending.

If there are any questions regarding this application, I can be reached at (815) 722-0722, ext. 2209.

**Applications received after February 27, 2023 (3:30pm) will not be considered for review.**

Sincerely,

Belithia Johnson

**WILL COUNTY**

**CENTER FOR COMMUNITY CONCERNS**

2455 GLENWOOD AVENUE, JOLIET, ILLINOIS 60435

PHONE: 815-722-0722 FAX: 815-722-6344

**INSTRUCTIONS:** Please type or print clearly. Answer all questions. **Incomplete applications will not be considered.**

_____		_____/_____/_____ Social Security Number	
Name of Applicant			
_____	_____	_____	_____
Address		City	Zip
_____	_____		
Phone #	Date of Birth		

Name & Address of last high school attended:

\_\_\_\_\_ School Name \_\_\_\_\_ School Address

Did you graduate? \_\_\_ Yes \_\_\_ NO  
If no, have you completed your G.E.D. \_\_\_ Yes \_\_\_ No

Name & Address of college choice:

\_\_\_\_\_ School Name \_\_\_\_\_ School Address

Dates you plan to be in attendance:

\_\_\_\_\_

Expected date of graduation from college or certificate program \_\_\_\_\_

Have you already applied? \_\_\_ Yes \_\_\_ No  
Have you been accepted? \_\_\_ Yes \_\_\_ No  
Do you already attend classes at chosen college? \_\_\_ Yes \_\_\_ No

Give brief description of what you plan to study including duration of the course(s) and what, if any, certificate or degree you will receive upon completion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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List any financial assistance (school grants only) for which you have applied and indicate if each has been approved, denied, or pending:

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List any other financial assistance for which you intend to apply in the future (for school only):

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Please give a brief description of your financial need and the purposes for which a scholarship from Community Services Block Grant will be used.

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By signing below, you certify that all the information contained in this application is true to the best of your knowledge. You also give permission for your name, city of residence, school name and course of study to be included in publicity materials related to the scholarship program.

Signature

Date

**IMPORTANT**

**Please return the completed application and all required attachments to the address above. If your application is received after February 27, 2023 it may not be considered.**

Please direct all questions and correspondence to Belithia Johnson (815) 722-0722 Ext. 2209.

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**COMMUNITY SERVICES BLOCK GRANT  
SCHOLARSHIP SELECTION PROCESS**

General Provisions

Applications will be considered on a first-come, first-served basis throughout the CSBG program year or until all scholarships are awarded.

If the original awardees do not utilize all available scholarship funds to the extent that at least \$1,000 is left unused, we will advertise additional scholarship availability provided there is adequate time left to expend the funds during the current grant year.

There will be no holdover of applications for applicants who do not receive funding. They must reapply when funding comes available.

Qualifications

There is no upper age limit for recipients. Applicants who are still in high school must be seniors who have already been accepted to a post-secondary school and will start before the end of the CSBG grant year (December 31).

Recipients must qualify under the conditions set forth by the Community Services Block Grant in general, and the Work Program Format entitled "CSBG Scholarship Program" in particular. An attempt to establish financial aid need is also made.

Recipients must attend an accredited post-secondary institution.

Special Selection Criteria

Scholarships are processed and approved within 60 days from date of the deadline of application submission. In the event that more qualifying applications are received, a ranking system will be utilized to choose awardees.

**APPLICATIONS RECEIVED AFTER DEADLINE MAY NOT BE CONSIDERED**

All chosen applications are presented to the Will County Center for Community Concerns Board of Directors for final approval, which takes place in March.

**An approval or denial letter will be sent to all applicants by the end March.**

# INFORMATION REFERRAL FORM

( PLEASE PRINT )

Date \_\_\_\_\_

## ASSISTANCE NEEDED (circle all that apply):



LIHEAP Hardship/ComEd Water Homeless Services Housing Counseling Rent/Mortgage  
Weatherization Car Repair Scholarship Food Basket Other: \_\_\_\_\_

## HEAD OF HOUSEHOLD:

SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  
 Female  
 Other  
(MM / DD / YYYY)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Total # Persons Living in Household \_\_\_\_\_ (complete HOUSEHOLD MEMBER INFORMATION FORM next page)

Disabled  Yes  No Active Military  Yes  No Veteran  Yes  No

Health Insurance  Yes  No  Medicaid  Medicare  Employer  State  Military  Direct

Education:  Gr 0-8  9-12(non-grad)  HS Diploma/GED  12+ Some post-secondary  College Grad

## FAMILY TYPE:

Foster parents  
 Multigenerational household  
 Non parent adult(s) with children  
 Single parent  
 Two parent family  
 Two or more related adults w/children  
 Single person  
 Two adults No children  
 Three or more adults No children  
 Other \_\_\_\_\_

## ETHNICITY

Hispanic/Latino  
 Non-Hispanic/Latino  
**RACE:**  
 American Indian  
 Alaskan Native  
 Asian/Pacific Islander  
 Black or African American  
 Multi-Race (any 2 or more)  
 White  
 Other \_\_\_\_\_

## LANGUAGE:

English  
 Spanish  
 Chinese  
 Japanese  
 Polish  
 Arabic  
 Tagalog  
 French  
 German  
 Sign language

## HOUSING STATUS:

Renting – amount \$ \_\_\_\_\_ per month. Subsidized?  Yes  No Number months past due \_\_\_\_\_

Owns home – amount \$ \_\_\_\_\_ Number months past due \_\_\_\_\_

Living with family  Living with friend  Nursing home  Domestic Violence Situation

Treatment center  Emergency shelter  Transitional housing  Jail/Prison

Homeless (on the street)  Other \_\_\_\_\_

Are you currently working?  Yes  No  Retired

If Yes,  Full Time (over 35 hours)  Part Time (1 to 35 hours) Hours/Week \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

Farmer  Yes  No Migrant seasonal farm worker  Yes  No Seasonal  Yes  No

If No, Unemployed:  6 months or less  More than 6 months  Not in work force  Unable

Describe unable to work due to:  Am a Caregiver  Disabled  Senior  Transportation

## SOURCE OF HOUSEHOLD MONTHLY INCOME:

TANF \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Workers Compensation \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_ Unemployment Insurance \$ \_\_\_\_\_ VA Svc Disability Compensation \$ \_\_\_\_\_  
SSDI \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ VA Non-Svc Disability Pension \$ \_\_\_\_\_  
SSA \$ \_\_\_\_\_ Alimony/Spousal Support \$ \_\_\_\_\_ Retirement from Soc Sec \$ \_\_\_\_\_  
EITC \$ \_\_\_\_\_ Private Disability \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Food Stamps  Yes  No

**TOTAL HOUSEHOLD INCOME FOR 90 DAYS \$ \_\_\_\_\_**

**ADDITIONAL HOUSEHOLD MEMBERS INFORMATION** (in relation to Head of Household "HOH"): (Pg.2)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ Suffix \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: \_\_ Male \_\_ Female \_\_ Other Ethnicity \_\_\_\_\_ Disabled \_\_ Yes \_\_ No  
Education level \_\_\_\_\_ Food Stamps \_\_ Yes \_\_ No  
Disconnected Youth – Is child between ages 14 and 18, not in school, and not working? \_\_ Yes \_\_ No  
Health Insurance \_\_ Yes \_\_ No \_\_ Medicaid \_\_ Medicare \_\_ Employer \_\_ State \_\_ Military \_\_ Direct  
Veteran Yes / No Farmer Yes / No Income Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ Suffix \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: \_\_ Male \_\_ Female \_\_ Other Ethnicity \_\_\_\_\_ Disabled \_\_ Yes \_\_ No  
Education level \_\_\_\_\_ Food Stamps \_\_ Yes \_\_ No  
Disconnected Youth – Is child between ages 14 and 18, not in school, and not working? \_\_ Yes \_\_ No  
Health Insurance \_\_ Yes \_\_ No \_\_ Medicaid \_\_ Medicare \_\_ Employer \_\_ State \_\_ Military \_\_ Direct  
Veteran Yes / No Farmer Yes / No Income Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ Suffix \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: \_\_ Male \_\_ Female \_\_ Other Ethnicity \_\_\_\_\_ Disabled \_\_ Yes \_\_ No  
Education level \_\_\_\_\_ Food Stamps \_\_ Yes \_\_ No  
Disconnected Youth – Is child between ages 14 and 18, not in school, and not working? \_\_ Yes \_\_ No  
Health Insurance \_\_ Yes \_\_ No \_\_ Medicaid \_\_ Medicare \_\_ Employer \_\_ State \_\_ Military \_\_ Direct  
Veteran Yes / No Farmer Yes / No Income Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ Suffix \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: \_\_ Male \_\_ Female \_\_ Other Ethnicity \_\_\_\_\_ Disabled \_\_ Yes \_\_ No  
Education level \_\_\_\_\_ Food Stamps \_\_ Yes \_\_ No  
Disconnected Youth – Is child between ages 14 and 18, not in school, and not working? \_\_ Yes \_\_ No  
Health Insurance \_\_ Yes \_\_ No \_\_ Medicaid \_\_ Medicare \_\_ Employer \_\_ State \_\_ Military \_\_ Direct  
Veteran Yes / No Farmer Yes / No Income Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Application Affirmation and Authorization to Verify Information**

Application statement: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to 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 edibility.

I understand all income sources, for all household members, will be further verified by the State of Illinois.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

If other than Applicant, print name and relation: \_\_\_\_\_

CSR Signature and Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Monthly Family Budget

Name: \_\_\_\_\_

Household: \_\_\_\_\_

Period Budget: \_\_\_\_\_ to \_\_\_\_\_

Basic Monthly Expenses

	<u>Expenses</u>	<u>Paid</u>
Groceries	_____	_____
Rent/Mortgage	_____	_____
Gas	_____	_____
Electric	_____	_____
Water	_____	_____
Telephone	_____	_____
Clothing	_____	_____
Laundry	_____	_____
Auto Insurance	_____	_____
Auto/Gas	_____	_____
Medical Expense	_____	_____
Day Care	_____	_____
Church/Contributions	_____	_____
Daily Expense	_____	_____
Child Support	_____	_____
Cable/internet	_____	_____
Hygiene/Grooming	_____	_____
Home Repair	_____	_____
Other _____	_____	_____
<u>Total</u>	\$ -	\$ -

Income/Take Home pay (Monthly)

Full-time Employment #1	_____
Full-time Employment #2	_____
Part-time Employment	_____
Social Security	_____
SSI	_____
TANF	_____
Child Support/Alimony	_____
Retirement	_____
Other Income	_____
<u>Take Home Pay</u>	\$ -

Summary of Financial Status

A. Basic Expenses Paid	_____
B. Debt Paid	_____
Total Expenses Paid (A + B)	\$ -

Subtract expenses from take home pay.

Loan / Installment Payments / Debts

	<u>Vendor</u>	<u>Debts</u>	<u>Paid</u>
Loan # 1	_____	_____	_____
Loan # 2	_____	_____	_____
Loan # 3	_____	_____	_____
Loan # 4	_____	_____	_____
Inst. Acct	_____	_____	_____
Inst. Acct	_____	_____	_____
Medical	_____	_____	_____
Collections	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
<u>Total</u>		\$ -	\$ -

Amount left after all expenses

are paid \$ -

WCCCC Representative

\_\_\_\_\_

## ZERO INCOME AFFIDAVIT CSBG

Application Date \_\_\_\_\_ Applicant Name \_\_\_\_\_

I, \_\_\_\_\_, attest to the fact that adult members of my household have received zero income for the period covering \_\_\_\_\_ through \_\_\_\_\_.

Family Member Name	Relationship	Last Employer	Last Day Worked	Age

**Please list the amount of money received to cover these monthly expenses and the name, address and phone number of those who assisted you.**

Expense	Amount
Rent	\$
Food	\$
Heat	\$
Electricity	\$
Water	\$
Transportation	\$
Loans	\$
Miscellaneous	\$
Total monthly expense	\$
 <b>30 day total expenses</b>	 <b>\$</b>

The above financial obligations were met during the reporting period by:

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I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date

\_\_\_\_\_ Witnessed by \_\_\_\_\_ Date

MUST BE RETURNED BY \_\_\_\_\_



**COMMUNITY SERVICE BLOCK GRANT PROGRAM**

**INCOME AFFIDAVIT**

I, \_\_\_\_\_ attest to the fact I have received \$ \_\_\_\_\_ gross income  
for the period covering \_\_\_\_\_ to \_\_\_\_\_.

I met my financial obligations during the 30-day period by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that to perjure myself in order to obtain assistance is a fraudulent offense  
for which I can be prosecuted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of Head of Household

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Witnessed by Date

\_\_\_\_\_