

Madison County Community Development Scholarship Procedures for 2016-2017

Madison County CSBG Scholarship

1. The amount of each scholarship will be \$1,500.00. Awards will be dispersed in two \$750.00 increments at the beginning of each semester.
2. Candidates must be residents of Madison County, Illinois.
3. Candidates must meet the 2016 CSBG poverty-level or low-income guidelines, which are attached.
4. Candidates must complete the CSBG intake and family member information forms.
5. Candidates must complete the College Application and provide the last 90 days of gross income verification, such as copies of check stubs, printouts or statements.
6. Candidates must submit a copy of their college transcripts or high school transcripts if they are just entering college.
7. Candidates must submit one letter of recommendation from a high school or college official at an institution they have attended or will be attending. Letters of recommendation must be submitted on official letterhead.
8. Candidates must be a student of high academic attainment and/or potential and the scholarship selection process must contain documented fairness. A material review will include attention to the overall appearance of applications, taking into consideration spelling and grammatical errors.
9. Candidates must submit a one-page essay describing themselves, their college plans, and career goals. Essays should consist of students' personal experiences and/or circumstances. Candidates should tell us something not already or sufficiently communicated in the application, which distinguishes their scholarship candidacy from others. Examples include, but are not limited to:
 - What are your hobbies, special interests, or unique skills?
 - Have you participated in volunteer work? If so, doing what and for how long?
 - Have you previously earned any awards or received special recognitions? If so, what were they and when did you receive them?
 - How would winning this scholarship impact your life?
 - What is your anticipated plan of study and career interests? What do you see yourself doing in five years?
 - What specific goals or ambitions of yours should the scholarship committee be made aware of?

Previous scholarship recipients may apply for the scholarship again so long as they maintain a cumulative grade point average (GPA) of 3.0 on a 4.0 scale. If you have any questions, please call (618) 296-4382. **Deadline is Friday, June 12, 2016.**



Madison County Community Development College Application for 2016-2017

ALL INFORMATION WILL BE KEPT *STRICTLY CONFIDENTIAL*.

Personal Information

Student Id Number: _____

Email Address: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Prospective Major: _____

Career Goal(s): _____

Name/Location of College Currently Attending: _____

GPA: _____

Proposed Graduation Year: _____

Year in School (Circle): Freshmen Sophomore Junior Senior Graduate

Date of Birth: _____

Telephone Number: _____

Volunteer Work and Community Service (unpaid) – Please add additional pages as needed.

Activity	Description (Note any leadership positions)	Hours Per Week	Weeks Per Year

Employment (paid) – Please add additional pages as needed.

Organization/Position	Responsibilities	Hours Per Week	Dates Involved

Additional Scholarships/Financial Aid

Please list any scholarships and/or financial aid you have already received. Include the scholarship amount, time frame and what expenses the award covers:

Please note that failure to provide all of the required information will result in your application not being considered by the selection committee.

Applicant Certification

Your signature is required below. Without your signature, your application is not complete.

I certify that the information provided in this application is true, complete and accurate and that all statements and essays are my own work.

Signature of Applicant

Date

Community Services Block Grant (CSBG) Intake Form

Application Date ____/____/____ Intake Site _____ SSN ____/____/____ Date of Birth ____/____/____

Last Name _____ First Name _____ ****Disabled**** No Yes

Street Address _____ ****Dwelling Type**** Single Family Unit

City _____ Zip _____ Multiple Units 2 - 4 5 - 10 11 or more

Phone _____ Mobile Home Single Room Occupancy

****Housing Status & Cost of Housing**** Renter Owner Monthly Housing cost \$ _____

Homeless: Which one? Sheltered Unsheltered ****Gender**** Male Female

****Race**** Black/Not Hispanic ****Food Stamps**** No Yes \$ _____ ****Veteran**** No Yes

White/Not Hispanic ****Do you have Health Insurance/Medical Card**** No Yes

Multi-Racial ****Are you collecting child support payments**** No Yes N/A

Asian ****How many Persons in Household**** _____

Other ****Ethnicity**** No Yes ****Monthly Amount & Source of Income****

Native Indian/Alaskan ****Marital Status**** _____ A Employment \$ _____

Native Hawaiian ****Education**** 0-8 B Pension \$ _____

Single 9-12 (Non HS Grad) C TANF \$ _____

Single Parent HS Grad/GED D SSI \$ _____

Adults with no Children 12+ Some College E General Assistance \$ _____

2 Parent Family 2-4 College Grad F Social Security \$ _____

2 or more related Adult(s) with Children G Unemployment \$ _____

Non parent Adult(s) with Child H Child support \$ _____

3 or more Adult(s) with Children I Disability \$ _____

Foster Parent J Alimony \$ _____

Non parent Adult(s) with Children K VA benefits \$ _____

3 or more Adult(s) with Children L Worker's comp \$ _____

Foster Parent M Other \$ _____

****Total Family Income**** 90 days \$ _____ **TOTAL** \$ _____

Annual \$ _____

Application Affirmation and Authorization to Verify Information

APPLICANT 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 the determination of my eligibility requires verification and/or documentation, and by my signature, I authorize the release of such information as may be required for the determination of my eligibility.

Signature of Applicant _____ Date: _____

Intake Worker Signature _____ Date: _____

Email Address: _____ (revised 02/2014)

Family Member Information

Date: _____

Relationship to Head of Household: _____ DOB: ____/____/____
Last Name: _____ First Name: _____ SSN ____/____/____
Race: _____ Hispanic: No Yes Sex: Male Female Education: _____ Disabled: No Yes
Veteran: No Yes Health Ins/Medical Card No Yes Income Source: _____ Monthly \$ _____

Relationship to Head of Household: _____ DOB: ____/____/____
Last Name: _____ First Name: _____ SSN ____/____/____
Race: _____ Hispanic: No Yes Sex: Male Female Education: _____ Disabled: No Yes
Veteran: No Yes Health Ins/Medical Card No Yes Income Source: _____ Monthly \$ _____

Relationship to Head of Household: _____ DOB: ____/____/____
Last Name: _____ First Name: _____ SSN ____/____/____
Race: _____ Hispanic: No Yes Sex: Male Female Education: _____ Disabled: No Yes
Veteran: No Yes Health Ins/Medical Card No Yes Income Source: _____ Monthly \$ _____

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