

May 7, 2015

Dear Community Partner:

The 2015 CSBG Scholarship Program, funded through the Community Services Block Grant (CSBG), provides financial assistance for income eligible students enrolled in post-secondary or vocational educational programs (degree or certificate programs). The Community and Economic Development Association of Cook County, Inc. (CEDA) is currently accepting applications for the fall semester/quarter.

Enclosed is a copy of the 2015 CSBG Scholarship Application as well as a flyer and additional information. Please display the flyer, distribute the application and share this information with other individuals as well as organizations. The application and supplemental information is also posted for download at [www.cedaorg.net](http://www.cedaorg.net).

Students enrolled full-time in an **Illinois** college, university or vocational/certificate program by September 15 may qualify for a scholarship. Recipients must have primary residence in **suburban Cook County and meet established income guidelines**. Scholarships range from \$500 to \$3,000 for payment of tuition, books, uniforms and fees related to course study paid directly to the designated institution on behalf of the applicant.

Applications must be received by CEDA at 3518 West 139<sup>th</sup> Street, Robbins, Illinois 60472 by 5:00pm on Friday, June 12, 2015. **Please note this new delivery address**. If you have any questions regarding the application, please feel free to email [csbgscholarship@cedaorg.net](mailto:csbgscholarship@cedaorg.net) or call (312) 259-4237.

Thank you for your support.

Sincerely,



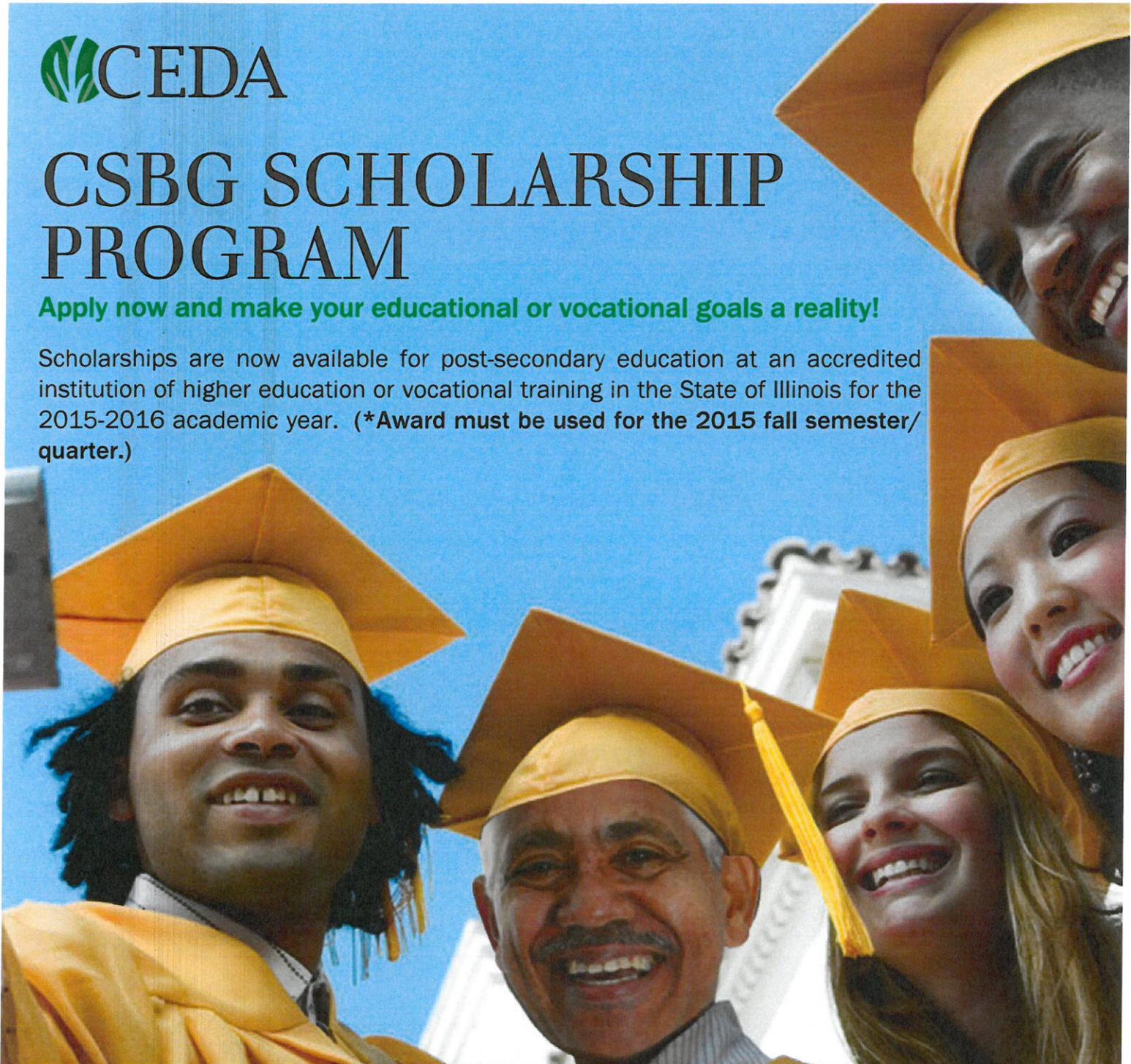
Angelita Smiley  
CSBG Program Coordinator



# CSBG SCHOLARSHIP PROGRAM

Apply now and make your educational or vocational goals a reality!

Scholarships are now available for post-secondary education at an accredited institution of higher education or vocational training in the State of Illinois for the 2015-2016 academic year. (\*Award must be used for the 2015 fall semester/quarter.)



The CEDA CSBG\* Scholarship Program offers financial aid ranging from \$500-\$3,000 for income-eligible residents of suburban Cook County who demonstrate academic achievement, career potential and educational motivation. Displaced and under employed workers, high school graduates (or equivalent), aspiring to higher education and employment are invited to apply.

Candidates must submit a complete scholarship application with all required documents and provide proof of residency and income eligibility (see chart). The application is available on-line beginning April 30 at [www.cedaorg.net](http://www.cedaorg.net). The application deadline is Friday, June 12, 2015 at 5:00 p.m. Additional documentation may be required.

**For More Information Call: (800) 571-CEDA (2332)  
[csbgscholarship@cedaorg.net](mailto:csbgscholarship@cedaorg.net)**

Size of Household	3-Month Income Limit
1	\$ 3,678.13
2	\$ 4,978.13
3	\$ 6,278.13
4	\$ 7,578.13
5	\$ 8,878.13
6	\$ 10,178.13
7	\$ 11,478.13
8	\$ 12,778.13

Add \$1, 300.00 for each additional household member





CEDA



ILLINOIS  
DEPARTMENT  
OF COMMERCE  
& ECONOMIC  
OPPORTUNITY

# 2015 CSBG Scholarship Application

**\*\*Application for Suburban Cook County Residents Only\*\***

**NEW 2015 INCOME GUIDELINES**  
**Application due Friday, June 12, 2015**  
**No later than 5:00 p.m.**

**\*\*NEW MAILING ADDRESS\*\***

Mail or deliver to:

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CEDA of Cook County, Inc.

ATTN: 2015 CSBG Scholarship Program  
3518 West 139<sup>th</sup> Street  
Robbins, IL 60472

*Mailed, delivered, or postmarked applications that arrive  
after June 12, 2015 at 5pm will not be accepted.*

Two webinars will be presented on Tuesday, May 12 and Thursday, May 14.  
In order to register for the "2015 CSBG Scholarship Application – An Overview" webinar,  
please email your name and email address as soon as possible to [csbgscholarship@cedaorg.net](mailto:csbgscholarship@cedaorg.net).  
Participation in this webinar is not required.

***Suburban Cook County Residents Contact: (312) 259-4237 or [csbgscholarship@cedaorg.net](mailto:csbgscholarship@cedaorg.net)***  
***City of Chicago Residents Contact: (312) 746-7291 or [jenny.schuler@cityofchicago.org](mailto:jenny.schuler@cityofchicago.org)***



**COMMUNITY SERVICES BLOCK GRANT (CSBG)  
2015 CSBG Scholarship Program**

**Eligibility Requirements**

**You are eligible to apply for the 2015 CSBG Scholarship if you meet the following requirements:**

- Enrolled on a **full-time** basis in an educational/vocational institution by September 15, 2015.
- Enrolled in a tuition-based **Illinois** institution of higher education or vocational training school.
- Resident of **suburban Cook County**.
- Income-eligible and provide proof of income for 3 months (see table below).

<b>2015 CSBG Income Eligibility Guidelines (Gross Income)</b>		
<b>Family Size</b>	<b>3 months</b>	<b>1 year</b>
<b>1</b>	\$3,678.13	\$14,712.50
<b>2</b>	\$4,978.13	\$19,912.50
<b>3</b>	\$6,278.13	\$25,112.50
<b>4</b>	\$7,578.13	\$30,312.50
<b>5</b>	\$8,878.13	\$35,512.50
<b>6</b>	\$10,178.13	\$40,712.50
<b>7</b>	\$11,478.13	\$45,912.50
<b>8</b>	\$12,778.13	\$51,112.50
For Each Additional, Add	\$1,300.00	\$5,200.00

**Income includes** total annual cash receipts before taxes from all sources, with exceptions noted below. Income includes money wages and salaries before any deductions; net receipts from nonfarm self-employment (receipts from a person’s own incorporated business, professional business, or partnership, after deductions for business expenses); net receipts from farm self-employment (receipts from a farm which one operates as an owners, renter, or sharecropper, after deductions for farm operating expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers’ compensation, veterans’ payments, public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, and non-Federally General Assistance or General Relief money payments), and alimony, child support and military family allotments or other regular support from an absent family members or someone not living in the household; private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, period receipts from estates or trusts, and net gambling or lottery winnings.

**Income does not include** the following types of money received: capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; or tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are noncash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, the imputed value of rent from owner-occupied nonfarm or farm housing, and such Federal noncash benefit programs such as Medicare, Medicaid, food stamps, school lunches, and housing assistance.



## COMMUNITY SERVICES BLOCK GRANT (CSBG) 2015 CSBG Scholarship Program

### Scholarship Information

Scholarship Awards are based on the total number of points received by an applicant in three areas:

1. Application Completeness: all data requests (4-page application) and documents provided.
2. Grade Point Average (GPA) or Graduate Equivalency Degree (GED) scores
3. One Personal Essay

Points are evenly distributed across these three areas. Applicants need to pay attention to detail by submitting all requested documentation and answering all data requests in the application (i.e. Veteran either "Yes" or "No"); providing an official transcript with current GPA or GED with test scores; and writing a thoughtful essay that has been reviewed for grammar, spelling and typographical errors.

Scholarship Awards may be used for ONLY the Fall semester/quarter:

- Tuition costs for the Fall semester or quarter.
- Purchase of uniforms, payment of fees, books or other costs related to education/training.

Other Scholarship Award Information:

- Scholarship award will be based on the need of applicant not met through other grants or scholarships.
- Scholarship award will be sent directly to the institution in the name of the recipient.
- Only institutions in the state of Illinois are acceptable.
- Scholarships range from \$500 to \$3,000.
- Applicants will be notified the week of July 27, 2015.

### Application Information

A "No Income/No Proof of Income Affidavit" is included before the "Application Checklist" of this application packet. If this Affidavit is necessary to satisfy the requirements of your application, please complete and submit with application. Make copies of Affidavit for additional family/household members as necessary.

For infants/children with no income, in addition to providing the infant/child's name, the "Other Income or Infant/Child No Income" column must be checked on Page 2 of 2 of the Family Composition Detail with "\$0" written in the space provided.

Applications and supplemental documentation must be received in this office on or before Friday, June 12, 2015 no later than 5:00 p.m. addressed as follows:

CEDA of Cook County, Inc.  
ATTN: 2015 CSBG Scholarship Program  
3518 West 139<sup>th</sup> Street  
Robbins, IL 60472

**Mailed or delivered scholarship applications that arrive after June 12, 2015 at 5pm will not be reviewed.**

Call (312) 259-4237 with any questions.



## COMMUNITY SERVICES BLOCK GRANT (CSBG) 2015 CSBG Scholarship Program

### Application Instructions

**Read entire application thoroughly before completing and submitting.** Scholarship awards are based on the total number of points received by an applicant. Answer **ALL** data requests in the 4-page application. If not applicable, please state "Not Applicable."

Sign your name legibly and date the application before mailing or delivering the application. **If mailing, allow a sufficient number of business days for delivery and affix the required postage.** Check with your Post Office to ensure the following: 1) correct postage is affixed to your application; and 2) delivery will meet the date and time deadline requirement for submittal to this office.

Please note that a parent or guardian must also sign this application, as well as other indicated pages, if you are: 1) not 18 years of age or older; and/or 2) not self-supporting.

**Application is due no later than Friday, June 12, 2015 no later than 5:00pm** at CEDA of Cook County, Inc., ATTN; 2015 CSBG Scholarship Program, 3518 West 139<sup>th</sup> Street, Robbins, Illinois 60472.

Applicants are **REQUIRED** to submit the following documents with the completed application.

1. Official transcripts including most recent semester grades, grade point average (GPA) or graduate equivalency degree (GED) test scores. No copies of transcripts or "unofficial" transcripts will be accepted.
2. Acceptance letter from the school to be attended Fall 2015 (not required if currently attending college) or explanation why acceptance letter has not be included.
3. Proof of family/household income (for last three months – March 1, 2015 through May 31, 2015): Payroll check receipts or unemployment receipts for the past three months (March 1 through May 31). Social Security, SSDI, SSI or Public Aid letter documenting monthly or yearly allotment. **All family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition are required to provide income documentation or a "No Income/No Proof of Income Affidavit".** The "No Income/No Proof of Income Affidavit" must be witnessed. Anyone who knows the applicant may be the Witness.
4. Current financial aid awards from all sources including those obtained from completing the Free Application for Federal Student Aid (FAFSA). If you are not eligible for financial aid, you must write a statement affirming that you are not eligible for financial aid and the reason for your ineligibility.
5. Proof of Residency in suburban Cook County must include a **legible copy** of the applicant's Illinois Driver's License **or** Illinois State ID. Copies for all other family/household members' Driver's Licenses or State IDs are required. *(Pictures from phones or cameras are not acceptable)*
6. Copies of Social Security cards for **all** household/family members (to include infants and children) are required. *(Pictures from phones or cameras are not acceptable)*
7. Minimum 200-word personal essay.
8. One letter of recommendation.
9. Completed Release of Information form that is signed and dated. Please note that a parent or guardian must also sign the Release of Information if the applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.
10. School Cost Form **AND** Statement of Costs detailing costs for the Fall 2015 semester only.



**FAMILY COMPOSITION DETAIL – For all members living within the family/household (Page 1 of 2)**

Print full name and provide required data of all family/household members in the spaces below.

	Name (Last, First, MI) Example: Smith, Katherine A Example: Smith, Joseph A.	Relationship to Applicant (I)	Social Security Number	Birth Date	Age (2)	Gender (M/F)	Disability (Y/N) (3)	Hispanic (Y/N)	Race (4)	Educational Level (5)	Health Insurance (Y/N)	Veteran (Y/N)
1		HoH	123-45-6789	3-19-1984	28	F	N	N	W	College 3	Y	N
2		son	101-12-1314	12-20-2009	2	M	Y	N	MR	0	Y	N
3												
4												
5												
6												
7												
8												
9												
10.												
11.												

**Notes/Instructions:**

- (1) If Applicant is not Head of Household, please designate one family member listed below as the Head of Household (HoH).
- (2) All family/household income is requested. All family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition are required to provide Proof of Income for 3 months (13 weeks) or complete a "No Income/No Proof of Income Affidavit."
- (3) If Disabled, please provide name of family member and specify the type of disability in the space provided below:  
Example: Joseph, Cerebral Palsy
- (4) Please use the following Code: "B/AA" – Black/African American; "W" – White; "NA" – Native American; "A" – Asian; "O" – Other; "MR" – Multi-Racial
- (5) Current Grade (if in school) or Level of Education Completed

**FAMILY COMPOSITION DETAIL – For all members living within the family/household (include infants and children). (Page 2 of 2)**

Print full name of all family/household members below. Check all applicable income sources and provide the 3-month total. For example, Katherine Smith provides a No Income/No Proof of Income Affidavit for \$500 for braiding hair and gross payroll receipts for \$2,211.43 for her work at a retail store. In addition, Katherine receives \$300 monthly as child support for Joseph or \$900. She does not receive alimony. Finally, Joseph who is 2 years old receives \$300 monthly from SSI or \$900 for 3-Month total. The Total Family Income for the 3-Month Period is \$4,511.43. Katherine is income eligible to apply for the CSBG Scholarship.

	Name (Last, First, MI)	NO INCOME/NO PROOF OF INCOME AFFIDAVIT	EMPLOYMENT/ UNEMPLOYMENT RECEIPTS	ALIMONY/ CHILD SUPPORT	SOCIAL SECURITY/ PENSION/SSDI	SSI/P3	TANF	EARNFARE/ GENERAL ASSISTANCE	OTHER INCOME or INFANT/CHILD NO INCOME
	Example: Smith, Katherine A.	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$2,211.43	<input type="checkbox"/> \$900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Example: Smith, Joseph A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEAD OF HOUSEHOLD SIGNATURE: \_\_\_\_\_

**COMBINED FAMILY GROSS INCOME INFORMATION (March 1 through May 31):** Please complete the following table by providing the following: 1) list names for **ALL** family/household members as noted in the Family Composition Detail- Page 2 of 2 table on the previous page; 2) Total Gross (before taxes) Three Months Income; and 3) Source of Income. Some family/household members may have more than one Source of Income. For the family/household listed below, the Total Family Income would be \$4,511.43 for the 3-Month period.

Name of Family Member	Total March 1 through May 31 Gross Income	Source of Income (1)	Source of Income (2)
Example: Katherine Smith	\$2,711.43	Wages – Retail Store – Provides \$2,211.43 in gross pay receipts for the 3-month period.	Supplies No Income/No Proof of Income Affidavit – Earned \$500 during the 3-month period as a hairdresser.
Example: Joseph Smith (age 2)	\$1,800.00	SSI – Provides copy of letter from Social Security stating the \$300 monthly payment.	Joseph receives \$300 in child support from his father.

**List all family/household members on lines provided below. If additional lines are needed use the back of this page.**

1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

**TOTAL FAMILY INCOME: \$** \_\_\_\_\_

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 there are no exceptions to this policy.**

\_\_\_\_\_/\_\_\_\_\_  
(Signature of Student) (Date)

\_\_\_\_\_/\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)



## COMMUNITY SERVICES BLOCK GRANT (CSBG) 2015 CSBG Scholarship Program

### PERSONAL ESSAY

Please write an essay (**200 words minimum**) on one of the topics listed below. This personal essay helps to familiarize us with you as a person apart from classes, course of study, and other objective data. It also demonstrates your ability to organize your thoughts and express yourself on a topic that is of concern to you. Please indicate your topic by checking the appropriate box. Type the essay on an additional sheet(s) of paper. Include your name and birth date for identification purposes on the essay. Finally, if you were awarded a scholarship with an essay previously submitted, you must submit a different essay or you 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.

### LETTER OF RECOMMENDATION

Provide one Letter of Recommendation. The writer of the Letter of Recommendation may come from your school, work, extra-curricula or church/house of worship activity environments or a friend/family member.

Essentially, you want to provide a Letter of Recommendation that states why you deserve the CSBG Scholarship.

**Please remember that there is no evaluation of the Letter of Recommendation.** Your application is accepted for evaluation based on its required submittal.



## COMMUNITY SERVICES BLOCK GRANT (CSBG) 2015 CSBG Scholarship Program

In administering the CSBG Scholarship Program, the Community and Economic Development Association of Cook County, Inc. (CEDA) communicates with numerous organizations.

CEDA believes that by gathering additional information and surveying attitudes and experiences of applicants, we would be able to communicate these findings to the appropriate organizations to ultimately improve the overall scholarship process and learning experience of the applicant.

Please complete this form by printing your name, providing social security number, signing and dating. Completion of this form is required to be considered for the 2015 CSBG Scholarship.

### Release of Information Valid for the 2015 Fall Term

I consent that the university/college/vocational school that I am currently attending may release Financial Aid Information to the Community and Economic Development Association of Cook County, Inc. (CEDA) to include the total dollar amount of my student loans and total dollar amount of scholarships received.

I consent that the university/college/vocational school that I am currently attending may release Admissions/Registrar Information to the Community and Economic Development Association of Cook County, Inc. (CEDA) to include overall student standing, most recent grades, GPA, and anticipated date of graduation.

### Acceptance Agreement

I agree to complete and return a short survey that will be emailed or mailed to me after this current semester/quarter. In addition, I agree to submit a transcript of my Fall 2015 grades to the CSBG scholarship program.

\_\_\_\_\_  
Applicant Name *(please print legibly)*

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

\_\_\_\_\_  
Email Address *(please print legibly)*

\_\_\_\_\_  
School ID Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:** 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: \_\_\_\_\_



COMMUNITY SERVICES BLOCK GRANT (CSBG)
2015 CSBG Scholarship Program

School Cost Form

Please provide the following information regarding your school costs for the Fall 2015 semester. You must attach a statement from your school account detailing costs for the Fall 2015 semester only. Completion of this form and submission of school costs is required to be considered for the 2015 CSBG Scholarship.

(Please print legibly)

Applicant Name

Email Address

Phone Number

Alternate Phone Number

School Attending Fall 2015

Major/Area of Study/Vocational Trade

- Current Year of School
Incoming College Freshman
College Sophomore
College Junior
College Senior
Graduate Student
Vocational Student

Total School Costs for Fall 2015 Semester (only) Must provide statement of costs from school account \$

School Tuition Deadline for Fall 2015 Semester (Date)

PLEASE NOTE: Parent or Guardian Signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

(Signature of Student) (Date)

(Signature of Parent/Guardian) (Date)



COMMUNITY SERVICES BLOCK GRANT (CSBG)
2015 CSBG Scholarship Program

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 & 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.

- I HEREBY CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY CARD READILY AVAILABLE TO SUBMIT WITH THE 2015 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 2015 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: \_\_\_\_\_

This form must be witnessed. Anyone who knows the applicant may be the Witness.

PLEASE NOTE: 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: \_\_\_\_\_



COMMUNITY SERVICES BLOCK GRANT (CSBG)
2015 CSBG Scholarship Program

NO INCOME/NO PROOF OF INCOME AFFIDAVIT

Please complete this Affidavit if necessary and make additional copies as required.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Choose one of the following statements and provide requested information:

I HEREBY CERTIFY THAT I HAVE NO INCOME - Indicate each month and \$0 for period with NO INCOME

0 - 30 Days - Month 1 31 - 60 Days - Month 2 61 - 90 Days - Month 3

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.

[Empty box for explanation]

I HEREBY CERTIFY THAT I HAVE NO PROOF OF INCOME - Indicate each month and \$ amount for period with NO PROOF OF INCOME

0 - 30 Days - Month 1 31 - 60 Days - Month 2 61 - 90 Days - Month 3

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.

[Empty box for explanation]

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS (PRINT NAME) \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

This form must be witnessed. Anyone who knows the applicant may be the Witness.

PLEASE NOTE: 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: \_\_\_\_\_



COMMUNITY SERVICES BLOCK GRANT (CSBG)  
**2015 CSBG Scholarship Program**

**Application Checklist**

Please review package to ensure that the following documentation has been included:

1. CSBG Scholarship Application (4 pages including Family Composition Detail sheets and Combined Family Gross Income Information) *A sample completed application is available at [www.cedaorg.net](http://www.cedaorg.net)*
2. Income for last 3 months (March 1, 2015 through May 31, 2015) for all family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition or a No Income/No Proof of Income Affidavit. *An Income Calculation Guide is available at [www.cedaorg.net](http://www.cedaorg.net)*
3. Legible copy of all family members' IL Driver's License or IL State I.D.  
*(Pictures from phones or cameras are not acceptable)*
4. Legible copy of Social Security cards for all family members (includes infants and children).  
*(Pictures from phones or cameras are not acceptable)*
5. Current Financial Aid Award. If your current Financial Aid Award is not submitted with application, please provide an explanation and a copy of your completed FAFSA. Also, if you are not eligible for financial aid, you must provide that explanation in writing.
6. School Costs Form AND Statement of Costs detailing costs for the Fall 2014 semester only.
7. Most recent Transcripts with grade point average (GPA) or graduate equivalency degree (GED) with test scores.
8. Acceptance Letter from school attending Fall 2014 (not required if currently attending) or explanation as to why acceptance letter is not included.
9. Minimum 200-word essay. If you were awarded a scholarship with an essay previously submitted, you must submit a different essay or you will be disqualified.
10. Letter of Recommendation
11. Release of Information Form
12. Remember that scholarship awards are based on the total number of points an application receives. **Points will be deducted for incomplete applications.** Review your application for any missed data requests on the 4-page application and sign the application. Please note that a Parent or Guardian's signature is required on multiple pages if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting. Anyone that knows the applicant can witness a signature if required. Missing signatures may disqualify an application.
13. With proper postage affixed to application, mail or deliver to the following address:  
CEDA of Cook County, Inc.  
ATTN: 2015 CSBG Scholarship Program  
3518 West 139<sup>th</sup> Street, Robbins, IL 60472

**APPLICATIONS ARE DUE IN THE OFFICE LISTED ABOVE  
NO LATER THAN 5:00 P.M. FRIDAY, JUNE 12, 2015  
If you have any questions, please call 312-259-4237**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED  
AND WILL NOT BE ELIGIBLE FOR THE 2015 CSBG SCHOLARSHIP PROGRAM.  
NO EXCEPTIONS**



# CEDA PROGRAMS AND SERVICES

## CSBG Programs

Auto Repair Assistance  
Dental Care Assistance  
Vision Assistance  
Financial Literacy  
Family Nutrition  
Scholarship Programs

## Education

Education Talent Search (ETS)

## Energy Efficiency Programs

Illinois Home Weatherization Assistance Program (IHWAP)  
Multi-Family Illinois Home Weatherization Assistance Program

CSBG INCOME ELIGIBILITY GUIDELINES		
Family Size	3-Month Income Limit	1-Year Income Limit
1	\$ 3,678.13	\$ 14,712.50
2	\$ 4,978.13	\$ 19,912.50
3	\$ 6,278.13	\$ 25,112.50
4	\$ 7,578.13	\$ 30,312.50
5	\$ 8,878.13	\$ 35,512.50
6	\$ 10,178.13	\$ 40,712.50
7	\$ 11,478.13	\$ 45,912.50
8	\$ 12,778.13	\$ 51,112.50

WEATHERIZATION INCOME ELIGIBILITY GUIDELINES Effective Date: January 2014		
Family Size	150% Annual Income	200% Annual Income
1	\$ 17,505	\$ 23,340
2	\$ 23,595	\$ 31,460
3	\$ 29,685	\$ 39,580
4	\$ 35,775	\$ 47,700
5	\$ 41,865	\$ 55,820
6	\$ 47,955	\$ 63,940
7	\$ 54,045	\$ 72,060
8	\$ 60,135	\$ 80,180

For more information contact  
CEDA Toll-free: (800) 571-CEDA  
(2332) [www.cedaorg.net](http://www.cedaorg.net)

## COMMUNITY SERVICES BLOCK GRANT (CSBG)

CEDA's Community Services Block Grant (CSBG) Programs work to help stabilize and support families and individuals on a path back to self-sufficiency. Services are available in communities across suburban Cook County.

CSBG's Intake and Assessment process is used to gather applicant information to determine eligibility and to make informed decisions about needed programs and services. This process is also used to screen applicants to determine if they meet the requirements for case management services and to assess the applicant's readiness to engage in case management. Information from the assessment provides the basis for admission to the case management program and for helping the applicant to develop a Family Action Plan. Approved applicants must sign a Service Agreement and must actively participate in case management sessions. Case Management enrollment is mandatory prior to requesting any direct client assistance services (i.e. Dental, Auto, Vision)

## SCHOLARSHIP PROGRAM

CSBG Scholarships are awarded to assist income-eligible students with post-secondary education as a means to increase self-sufficiency. Scholarship amounts vary and are available for accredited Illinois vocational schools, colleges and universities. Applications are available (on-line) April - June.

## EDUCATION

Education Talent Search (ETS) is an academic outreach program designed to identify qualified youth with potential for education at the postsecondary level and encourage them to complete secondary school and undertake a program of postsecondary education. The program is also responsible for publicizing the availability of financial aid for persons who pursue postsecondary education; and encourage persons who have not completed education programs at the secondary level to enter or reenter and complete these programs.

## ENERGY EFFICIENCY PROGRAMS

### ILLINOIS HOME WEATHERIZATION ASSISTANCE PROGRAM (IHWAP)

CEDA Weatherization is a year-round program using state-of-the-art technology to make homes more energy-efficient for qualifying low-income residents of Chicago and suburban Cook County. Weatherization provides safety and health equipment, repairs or replaces heating systems, seals air bypasses and other drafty areas, increases attic, wall, basement, and crawl space insulation. These measures will save energy for homeowners and keep homes warmer in winter and cooler in summer.

The Multi-Family Illinois Home Weatherization Assistance Program (IHWAP) is for building owners who provide housing to income-eligible residents in Chicago and suburban Cook County. The program will require a 50% mechanical contribution from the owner, if 66% or more of the tenants are income eligible. IHWAP is a federally and state funded program that helps to make low-income housing more energy efficient, safe and comfortable. Weatherization measures are identified during an energy audit conducted by CEDA's state-certified assessors.

Weatherization measures include:

- Insulation
- Heating System Improvements
- Air Sealing
- Health and Safety Measures

\* Please note: If you are LIHEAP approved, or someone else in your household receives

Supplemental Security Income (SSI), Aid to the Aged Blind & Disabled (AABD) or Transitional Assistance to Needy Families (TANF) your income automatically qualifies your household for weatherization with approved supporting documentation.



# CEDA

## PROGRAMS AND SERVICES

### Health and Nutrition

Summer Food Service Program  
Women, Infants and Children (WIC)

### Housing

Illinois Foreclosure Prevention and Cook  
County Mediation Programs  
Revitalizing Neighborhoods/Building Blocks  
Pilot Program and Neighborhood Stabilization  
Program for Homebuyers  
Transitional Housing for Honorably Discharged  
Veterans

### COMED RESIDENTIAL SPECIAL HARDSHIP FUND

The ComEd Residential Special Hardship Fund provides a variable one-time credit equal to the past due balance up to \$1500 on the ComEd bills of households with a demonstrated hardship case. The program is not available for accounts with past due balances less than \$25 or accounts with evidence of tampering or fraud. Customers may only receive a grant once every two years. Please provide documentation for all circumstances. Proof of all hardships must be within 6 months.

**COMED ENROLLMENT DATES:** Dates Vary. Please call to confirm program availability.

Grants are available on a first-come first-serve basis until funding is exhausted.

### HEALTH AND NUTRITION

The Women, Infants and Children (WIC) Program, funded by the United States Department of Agriculture, is a supplemental nutrition program focused on eating healthy for moms and kids. WIC can provide nutrition education, nutrition counseling, breastfeeding support, nutritious foods and referrals to other services as needed.

CEDA operates the largest WIC program in Illinois, now serving over 50,000 clients. Clients are eligible for all WIC benefits, including vouchers for WIC foods, personalized counseling with a nutritionist, and individual and group education.

### HOUSING

CEDA's Housing Program—funded by local, state, and federal organizations and partners—is a comprehensive housing counseling program focused on helping families remain in or obtain affordable housing.

CEDA works collectively with lenders to work out payment plans for those seeking mortgage delinquency assistance. The Housing Program also works with over 100 landlords throughout suburban Cook County to place extremely low income families in temporary and affordable housing. Each year CEDA provides counseling services to over 1,500 families and individuals.

All families and individuals are eligible for personalized counseling services. A housing counselor will be assigned to each household to help assess client situation and determine housing services need. Short-term rental assistance may be provided, pending funding availability and client eligibility.

COM ED INCOME ELIGIBILITY GUIDELINES Effective Date: July 2014		
Family Size		COMED
1		\$ 2,395
2		\$ 3,233
3		\$ 4,070
4		\$ 4,908
5		\$ 5,745
6		\$ 6,583
7		\$ 7,420
8		\$ 8,258

WIC INCOME ELIGIBILITY GUIDELINES Effective Date: July 2014 to June 30, 2015			
Family Size	Annual Income	Monthly Income	Weekly Income
1	\$ 21,590	\$ 1,800	\$ 416
2	\$ 29,101	\$ 2,426	\$ 560
3	\$ 36,612	\$ 3,051	\$ 705
4	\$ 44,123	\$ 3,677	\$ 849
5	\$ 51,634	\$ 4,303	\$ 993
6	\$ 59,145	\$ 4,929	\$ 1,138

For each additional family member, add \$7,511 to the yearly income, \$626 to the monthly income, and \$145 to the weekly income.

For more information contact

CEDA Toll-free: (800) 571-CEDA (2332) [www.cedaorg.net](http://www.cedaorg.net)



CSBG PROGRAMS FOR SUBURBAN COOK COUNTY

CEDA’s Community Services Block Grant (CSBG) is a case management program that provides a range of services to Suburban Cook County residents, which assist low-income people to attain skills, knowledge and the resources necessary to achieve self-sufficiency. The program may also provide direct client assistance to help remove barriers to self-sufficiency. Clients must sign and comply with a service agreement to be eligible for direct client assistance.

AT A GLANCE	ENROLLMENT BEGINS
<p><b>Dental Care Program</b> For households enrolled in CSBG case management. Program provides financial assistance for dental services to remove barriers to employment, education, health maintenance. Payment is made directly to approved dental care providers.</p>	January 2015
<p><b>Auto Repair Program</b> For households enrolled in CSBG case management. Program provides financial assistance for auto repairs to remove barriers to employment, education or health maintenance. Payment is made directly to approved mechanics or repair shops.</p>	January 2015
<p><b>Vision Care Program</b> For households enrolled in CSBG case management. Program provides financial assistance for vision services to remove barriers to employment, education or health maintenance. Payment is made directly to approved optometrists or opticians.</p>	January 2015
<p><b>Scholarship Program</b> Scholarships are provided for post-secondary education at an accredited institution of higher education or vocational training in the State of Illinois.</p>	Applications on-line April – June 2015
<p><b>Family Nutrition</b> CEDA collaboration with Greater Chicago Food depository to address identified food deserts in the south suburbs by providing fresh produce to various distribution sites.</p>	January 2015
<p><b>Employment Pilot Program</b> Provide job skills enhancements for unemployed CSBG eligible participants through the services and expertise of a contracted employment service provider.</p>	Pending
<p><b>Financial Literacy Pilot Program</b> Through partnership with Ladder Up, program provides financial literacy education to CSBG-eligible individuals to help them better manage their resources by increasing knowledge in budget preparation and management, credit repair, establishing savings plans, etc.</p>	January 2015
<p><b>Nutrition Education Pilot Program</b> Through partnership with the University of Illinois Cooperative Extension – Illinois Nutrition Education Program, provides educational workshops focused on nutrition education and obesity prevention in order to improve the likelihood that families will make healthy choices within a limited budget and choose active lifestyles in accordance with current Dietary Guidelines for Americans and My Plate.</p>	January 2015

## How to apply for CEDA CSBG (Community Services Block Grant Programs)

2015 CSBG Income Eligibility Guidelines (Gross Income)*		
Family Size	3 months	1 year
1	\$3,678.13	\$14,712.50
2	\$4,978.13	\$19,912.50
3	\$6,278.13	\$25,112.50
4	\$7,578.13	\$30,312.50
5	\$8,878.13	\$35,512.50
6	\$10,178.13	\$40,712.50
7	\$11,478.13	\$45,912.50
8	\$12,778.13	\$51,112.50
For each additional person add	\$1,300.00	\$5,200.00

### Eligibility Requirements:

- Must be a resident of Suburban Cook County
- Must meet income guidelines listed above
- Must be able to provide documentation of need: bills, estimates for service, loss of income, etc.

### Required Intake Documents:

- Driver's license or state –issued ID; or passport; Matricula also accepted.
- Social security cards for each person in the household.
- Proof of income for the previous 3 months prior to intake date (for all household members 18 years and older)
- Lease or utility bill as proof of residence if ID does not match current address.

### Contact a CSBG Office in your region:

- North Region                      847-328-5166 ext. 5416  
2010 Dewey Avenue, Lower Level, Evanston
- West Region                        708-222-3824 ext. 4831  
6141 West Roosevelt Road, Cicero
- South Region                        708-371-1220 ext. 3057  
3518 West 139<sup>th</sup> Street, Robbins