**KENDALL-GRUNDY COMMUNITY ACTION**

**2024 SCHOLARSHIP APPLICATION**

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| **COMPLETED APPLICATION IS DUE BY: APRIL 19, 2024** |

Dear Scholarship Applicant:

The Community Services Block Grant Scholarship is designed in cooperation with the Illinois Department of Commerce and Economic Opportunity to provide financial assistance to income eligible studies. Scholarships will go toward providing formal education or occupational training in an accredited Illinois educational institution.

**Scholarships may be used for tuition and fees, textbooks,** supplies, or room and board. Scholarship awards will be made directly to the college or university's financial aid office for use by the student as needed.

This is a competitive scholarship based on merit, not solely on financial need. All qualified applicants are encouraged to apply by the deadline of **4:30PM on Friday, April 19, 2024. No late applications will be accepted.**

**ELIGIBILITY GUIDELINES**

Successful scholarship recipients must meet the following eligibility criteria:

1. Resident of Kendall County or Grundy County.

2. Member of an **income-eligible** household.

3. Possess a high school diploma, GED or must graduate by July 1, 2024, from an accredited high school/GED Administering institution.

4. Must be accepted into an Illinois college or university, or occupational training program on at least a half-time basis.

**In order to be considered for the Scholarship Program you must include the following documents in your packet. Failure to submit all required documents will cause your application to be denied.**

* Complete Scholarship application forms.
* Proof of entire family household **30 days gross income**.
* Completed copy of the attached application including Federal Tax Form 1040, 1040A, or 1040EZ.
* Copy of your Photo ID
* Social Security Cards **for everyone** in the household
* Demonstrate a commitment to civic and public affairs.
* Essay of 500 words, typed and double-spaced addressing involvement in civic affairs and future career goals.
* Demonstrate goals and purpose.
* Three signed and dated letters of recommendation.

 (Please utilize the attached forms)

* Official transcripts signed and dated.
* Proof of enrollment at an Illinois accredited higher educational or occupational training institute.
* **Mandatory** brief 10-minute interview with the Scholarship Committee.

**FURTHER INFORMATION**

Questions regarding the Scholarship Program should be directed to: **Melissa Creamer, Kendall-Grundy Community Action, and 811 John St. - Yorkville, IL 60560, (630) 553-8013.**

**COMMUNITY SERVICES BLOCK GRANT**

**SCHOLARSHIP SELECTION PROCESS**

Applications will be evaluated by a Scholarship Committee composed of representatives of area Social Service agencies, public officials and private individuals. The Scholarship Committee will review all written applications that are submitted by the deadline of **4:30 PM on** **Friday, April 19, 2024**. **Late applications will not be considered.**

Applications will be evaluated according to the following criteria and points system.

1. Financial Need:

A maximum of 25 points will be awarded based on financial need. Applicants whose household income is at or below 100 percent of the poverty guidelines will receive 25 points. Applicants whose household income is between 101 to 125 percent of the poverty guidelines will receive 15 points. Applicants whose household income is between 126 to 150 percent of the poverty guidelines will receive 5 points. Applicants whose household income is over 150 percent of the poverty guidelines will receive 0 points.

 The poverty guidelines for the Kendall-Grundy area are as follows:

Household Size Annual Income Monthly income

 1 $30,120 $2,510

2 $40,880 $3,407

 3 $51,640 $4,303

 4 $62,400 $5,200

5 $73,160 $6,097

 6 $83,920 $6,993

 For each additional household member, add $10,760.00 annual.

1. Scholarship Potential:

A maximum of 15 points will be awarded for scholarship potential, which will be evaluated based on cumulative grade point average at the end of the winter semester of the 2023-2024 school years. Applicants whose cumulative grade point average is between 3.5 to 4.0 will receive 15 points. Applicants whose cumulative grade point average is between 3.0 to 3.49 will receive 12 points. Applicants whose grade point average is between 2.5 to 2.99 will receive 8 points. Applicants whose grade point average is between 2.0 to 2.49 will receive 4 points. Applicants whose grade point average is below 2.0 will receive 0 points.

1. Civic Affairs and Career Goals:

A maximum of 25 points will be awarded for participation in civic affairs. It should include clear and defined statement of career goals and purpose. The Scholarship Committee will award points in the category based on letters of personal reference and 500-word essay which is required to be submitted with each application. Applicants are encouraged to be specific in their statements of career goals and their participation in civic affairs. The scholarship committee will award the maximum points to those applicants that have clear firm commitment to civic affairs.

1. Interview:

A maximum of 35 points will be awarded based on a ten-minute interview with the members of the Scholarship Committee**.**

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| **Scholarship Application** |

**General Information**

**INSTRUCTIONS:** Please type or print clearly. Answer all questions.

LAST NAME FIRST NAME MIDDLE INITIAL sex: F M

STREET ADDRESS

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CITY ZIP CODE COUNTY

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_** TELEPHONE NUMBER DATE OF BIRTH AGE SOCIAL SECURITY NUMBER

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:**

**Education Background**

Name and address of last High School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of College or Vocational Institution attending:**

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

 Name of College Address

Have you already applied? \_\_\_\_\_\_

Have you been accepted? \_\_\_\_\_\_\_

Do you already attend classes at chosen college? \_\_\_\_\_\_

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. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Full-time: \_\_\_\_\_\_\_\_\_\_\_\_ (12 or more semester hours)

Part-time: \_\_\_\_\_\_\_\_\_\_\_\_ (less than 12 semester hours)

What other scholarships have you received or applied for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving any scholarship aid or tuition assistance? \_\_\_\_\_\_\_\_\_\_

If so, please name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

**(Traditional Students)**

PLEASE SUBMIT a COPY OF YOUR HOUSEHOLD’S 2023 FEDERAL TAX FORM 1040, 1040A, or 1040EZ.

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household information (please list information on everyone living in the home, including self)

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| Name | Relationship to applicant | Age | Sex | Income | Source | Ethnicity |
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**Gross Income (total of above) $\_\_\_\_\_\_\_\_\_\_**

Number of Dependents attending college. \_\_\_\_\_\_\_\_

Please explain any unusual circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CIVIC AFFAIRS AND CAREER GOALS**

Please attach a 500 – word essay addressing your involvement in and commitment to civic affairs (refer to any school or community activities, awards, organization, clubs, offices, or honors that you would like to bring to the scholarship committee’s attention). The essay should also address your career goal (s) and the reason (s) you are interested in that profession.

Three signed and dated letters of recommendation (Please utilize the attached forms).

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 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.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETED APPLICATIONS SHOULD BE SUBMITTED BY 4:30 PM ON FRIDAY, APRIL 18, 2024:**

Melissa Creamer

Director of KGCA

Kendall Grundy Community Action

811 W. John St.

Yorkville, IL 60560

(630) 553-8051

***KENDALL COUNTY HEALTH DEPARTMENT***

811 W. Joh, Yorkville, IL 60560-9249 Phone: 630/553-9100 Fax: 630/553-9506

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|  | ***Kendall-Grundy Community Action******cap_logo.gifA Unit of Kendall County Health Department*** |

**PERSONAL RECOMMENDATION FORM**

***NAME OF APPLICANT*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please Type or Print Clearly. If the space provided is not adequate, Please Use the Back of This Form or Attach Additional Pages. This Form Is to Be Completed by A Non-relative.

**1. How long have you known this individual and in what capacity?**

**2. Describe any knowledge you have of this individual's participation in civic affairs. Please include**

 **accomplishments, awards, honors or other significant information that you believe will be useful to**

 **the Scholarship Committee.**

**3. Describe any knowledge you have of this individual's future career goal. Please comment on whether you**

 **believe this individual has the potential to accomplish this goal(s).**

**4. Are there any significant limitations (physical, intellectual, or emotional) or extenuating circumstances**

 **regarding this individual that the Scholarship Committee should consider?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Position**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address Phone**

**2**

***KENDALL COUNTY HEALTH DEPARTMENT***

811 W. John Street, Yorkville, IL 60560-9249 Phone: 630/553-9100 Fax: 630/553-9506

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**Name Position**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name Position**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**