

**Do You Need Funds  
for School or Training?**



**EDUCATES, EQUIPS, EMPOWERS**

## **FALL 2022 SCHOLARSHIP OPPORTUNITIES**

MCCA offers scholarships for low-income, undergraduate level, non-traditional students **age 24 and older or younger students who live on their own with a dependent child.**

Scholarship applicants can be pursuing an **Associates or Bachelors Degree** or pursuing a **Job Ready Training Certificate or Professional Credential** that will lead to employment.

Eligible students may be awarded scholarships in the amount of **\$1000.00** to be used for **tuition, books, supplies, or other related expenses such as childcare** in order to attend school for the FALL SEMESTER 2022.

Selection for the scholarship award will be based on financial need, as well as career goals and academic achievement or vocational progress.

**\*Applicants must be a resident of McLean or Livingston County.**

**TO BE CONSIDERED FOR THE FALL SEMESTER 2022**

**APPLICATIONS MUST BE RECEIVED BY 4:00 PM ON MAY 30, 2022**

FOR MORE INFORMATION ABOUT THE ELIGIBILITY GUIDLEINES AND APPLICATION, AND THE SELECTION PROCESSES VISIT [WWW.MCCAINC.ORG](http://WWW.MCCAINC.ORG) OR SEND E-MAIL TO

[LauraG@mccainc.org](mailto:LauraG@mccainc.org)



**MID CENTRAL COMMUNITY ACTION**

## **Scholarship Application for Fall Semester of 2022**

**Submission deadline: May 30, 2022**

**PLEASE INCLUDE ALL OF THE FOLLOWING ITEMS WITH YOUR  
APPLICATION PACKAGE**

**PLEASE LEAVE THIS CHECKLIST ON YOUR APPLICATION**

- Completed Application Package with signatures
- Copies of PAST 30-Day Gross Income Verification (employment, unemployment, SSI, SSDI, child support, worker's compensation, TANF, other scholarships received) for all of Your Household Members (Make sure you meet income eligibility before submitting your application—see page 2 for details)
- Copies of Photo ID: driver's license, state photo ID, or campus ID for all Adult Household Members (18 and older) that verifies birthdates
- Copies of Birth Certificates or Medical Card Verifying Birthdates for Any Children (under 18)
- Copies of Social Security Cards for all Household Members
- Proof of Residency (lease agreements, mortgage documents)
- Copies of College Transcripts (if applying for scholarship to be applied to a college or university), Program Registration Billing Statements, and **FALL 2022** Class Schedule
- Brief description of how you believe this scholarship will help you achieve your educational or vocational goals
- Copies of most recent Financial Aid Award Letters (if you have applied for 2022)
- Letter of reference from a non-related community member, case manager, employment coach or financial coach, employer, professional, or educator

## 2022 Income Eligibility for MCCA's Scholarship

Family Size	200%	
1		\$2265
2		\$3052
3		\$3838
4		\$4625
5		\$5412
6		\$6198
7		\$6985
8		\$7772
9		\$8558
10		\$9345

Use the income guidelines and go to [www.timeanddate.com](http://www.timeanddate.com) to calculate the past 30 day period prior to the date of your application to see if your household is income eligible for this scholarship.

Use the gross income (before taxes and deductions) for everyone in your household. Do not include roommates unless they are your significant other. You do not need to include income from tax refunds or student loans. Please DO report income from other scholarships and financial aid you may have received within the past 30 days.

Supply copies of income documents for that time period.

**\*NOTE:**

1. If you are attending an online program it must be accredited through the State of Illinois.

\* Certified Training programs within the State of Illinois are prioritized.

2. Scholarship does not cover Graduate School Expenses.

3. Scholarship can be used to cover expenses other than tuition and fees such as childcare or housing.

\*But total amount must be provided to a single vendor.

**Send Completed Application Package by mail, fax or E-mail (preferred method) with copies of required documents by 4:00 PM May 30, 2022 for Fall Semester 2022**

**Laura Grant**  
**Mid Central Community Action, Inc.**  
**1301 W. Washington Street**  
**Bloomington, IL 61701**  
**E-mail: [LauraG@mccainc.org](mailto:LauraG@mccainc.org)**  
**Phone : 309-834-9227**

# MCCA Scholarship Application 2022

## APPLICANT INFORMATION

Application Date: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ APT or UNIT \_\_\_\_\_

Town or City: \_\_\_\_\_ County \_\_\_\_\_ Zip Code: \_\_\_\_\_

Soc Sec#:

Date of birth:

Age:

Gender:

☐ M ☐ F

☐ T ☐ Other

Disabled:

☐ Y ☐ N

Veteran:

☐ Y ☐ N

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please circle how you prefer to be identified: HE/HIM SHE/HER THEY/THEM Other ( )

### Ethnicity (check one)

Hispanic/Latino? ☐ Y ☐ N

- ☐ B-Black
- ☐ W-White
- ☐ N-Native American/Alaskan
- ☐ A-Asian
- ☐ MR- Two or More Races
- ☐ O-Other

### Current Education Level: (check one)

- ☐ 0-8
- ☐ 9-12/Non HS Grad
- ☐ HS Grad/GED
- ☐ 12+
- ☐ College Graduate

### Public Assistance (check any that apply)

- |                    |                            |                            |
|--------------------|----------------------------|----------------------------|
| SNAP               | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Medicare           | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Medicaid           | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| WIC                | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Subsidized Housing | <input type="checkbox"/> Y | <input type="checkbox"/> N |

### Family Type (check one)

- ☐ Single Female
- ☐ Single Male
- ☐ Single Transgender
- ☐ Single Parent/Female
- ☐ Single Parent/Male
- ☐ Single Parent/Transgender
- ☐ Couple with Children
- ☐ Couple with no Children
- ☐ Other

### Housing Status (check one)

- ☐ Renter – Amount \$ \_\_\_\_\_
- ☐ Owner – Amount\$ \_\_\_\_\_
- ☐ Temporarily Living in Home of family or friends
- ☐ Temporarily staying in a hotel
- ☐ Temporarily staying in a homeless shelter
- ☐ Other

### Source(s) of Your Income (circle all that apply)

- |                               |         |
|-------------------------------|---------|
| Employment                    | Pension |
| Unemployment or PUA           | TANF    |
| Workers Compensation          | AABD    |
| Short Term Disability         | SSI     |
| Child Support                 | SSDI    |
| General Assistance (Township) |         |
| Workers Compensation          |         |
| Other ( )                     |         |

**OTHER HOUSEHOLD MEMBERS LIVING WITH YOU** (spouses, children, siblings, parents or other relatives, or significant others). Do not include college roommates if they are not a member of your personal household (see codes above)

<b>Name:</b>			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	
<b>Name:</b>			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	
<b>Name:</b>			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	
<b>Name:</b>			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	

#### SCHOOLS/TRAINING

*List high school, or GED, vocational training, and/ or colleges you have attended.*

1) Name of School: \_\_\_\_\_ Location of School: \_\_\_\_\_  
 Dates of Attendance \_\_\_\_\_  
 Major/ Training: \_\_\_\_\_ Date of diploma, certificate or degree earned: \_\_\_\_\_

2) Name of School : \_\_\_\_\_ Location of School: \_\_\_\_\_  
 Dates of Attendance \_\_\_\_\_  
 Major/ Training: \_\_\_\_\_ Date of diploma, certificate or degree earned: \_\_\_\_\_

3) Name of School: \_\_\_\_\_ Location of School: \_\_\_\_\_  
 Dates of Attendance \_\_\_\_\_  
 Major/Training: \_\_\_\_\_ Date of diploma, certificate or degree earned : \_\_\_\_\_

## EMPLOYMENT AND VOLUNTEER HISTORY

### Current Employer or Volunteer Agency:

Name and Address:

How long employed or volunteered there?

FROM (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

TO (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Position:

### Relevant Volunteer or Previous Employment Activities:

## EMPLOYMENT GOALS

### Briefly describe your future employment goals:

What vocational program, job ready training, college, or university will you be attending?

NAME:

Campus Location:

WHAT IS YOUR EXPECTED GRADUATION DATE?

PERSONAL and EDUCATIONAL GOALS

**Briefly describe your personal or educational experiences that have led you to seek you career goals?**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**How will this scholarship help you to achieve your goals?**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

What financial assistance has been APPROVED (if any)?

**Please attach copies of any 2022 financial aid or scholarship award letters you have received**

Source	Amount	\$
Source	Amount	\$
Source	Amount	\$

FINANCIAL AID INFORMATION (continued)	
---------------------------------------	--

<p><b>What is your action plan should MCCA, Inc. NOT be able to provide financial assistance?</b></p>
---

FOR WHAT EXPENSES WOULD YOU LIKE THIS SCHOLARSHIP TO COVER?  
Use the chart below to describe.

<i>List Estimated Expenses</i>	<i>Amount needed from MCCA</i>	<i>Other Sources Covering Expense:</i>
--------------------------------	--------------------------------	--

Tuition:		
Fees:		
Books/Supplies:		
Tools/Materials:		
Housing Needs :		
Childcare:		
Other Need– Please explain:		
<b>Total:</b>	<b>Total:</b>	

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.

\_\_\_\_\_  
Signature Date

Signature \_\_\_\_\_ Date \_\_\_\_\_

I give MID CENTRAL COMMUNITY ACTION, INC. consent to release my name and information regarding my scholarship award to the news media and to be utilized with agency reporting, marketing, or publicity. I understand that my address and phone number will not be released. I understand that by signing this application, I agree to complete and return a six month follow up survey.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature	Date
-----------	------

**In addition, please provide at least one Letter of Reference from a non-related community member, case manager, employment coach or financial coach, employer, professional, or educator** indicating an opinion of the applicant's ability to pursue studies and to achieve professional success in his or her chosen field.

Any pertinent information is valuable, but an evaluation of strengths and weaknesses is more helpful than general praise. Letters of Reference should include the following identifying information:

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

Position: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please submit this letter of reference to: LAURA GRANT, Mid Central Community Action, Inc.  
E-mail: LauraG @mccainc.org (Phone : 309-834-9227)

---