

ATTENTION

SCHOLARSHIP APPLICANTS! **(PEORIA COUNTY RESIDENTS ONLY!!!)**

***You must submit the following documentation with your completed Scholarship Application and Intake Form:**

1. Proof of Income

Must have last 90 days income documentation. Income includes but is not limited to: Public Aid, Food Stamps, Medical Card, Link Card, Child Support, Subsidized Housing, Utility Allotments, etc.

2. Proof of Financial Assistance

When applicable, please provide an award letter for other scholarships, financial aid, Pell grant, etc.

3. 3 Letters of Reference

Cannot be from family members; does not have to be typed. Must have original signature or sent from writer's own email address.

4. Essay

Write an essay stating your motivation for continuing your education and how you plan to use your education to benefit the community.

5. Class Schedule

Please provide a complete class schedule for the fall semester

6. Transcripts

Official Transcripts Only!!! NO COPIES OR INTERNET PRINTOUTS WILL BE ACCEPTED!**

***Any application that does not have ALL of the above required attachments by the June 5, 2020 deadline will not be considered for a Scholarship Award.**

****If for any reason your college cannot provide you with an official transcript by the deadline please notify us as soon as possible.**



**Illinois
Department of Commerce
& Economic Opportunity**

JB Pritzker, Governor

**COMMUNITY SERVICES BLOCK GRANT
Policy Memorandum 300**

TO: Grantee Agency Executive Directors and CSBG Coordinators

FROM: Adrian Angel, CSBG Program Manager
Office of Community Assistance

DATE: April 17, 2020

SUBJECT: **2020 Updated Poverty Income Guidelines (Supersedes Policy Memorandum 300 dated January 23, 2020)**

This notice provides an update to the criterion of eligibility and poverty income guidelines for 2020. As required by statute, this revision reflects changes in the Consumer Price Index; it was accomplished using the same methodology used in previous years. **In addition, the CARES Act authorizes states to revise the income limit for eligibility ceiling from 125 to 200 percent of the federal poverty level for CSBG services furnished during fiscal years 2020 and 2021, including services furnished with the state's regular CSBG appropriations during those years. The State of Illinois has elected to adopt the 200% of poverty threshold as allowed by the CARES Act.**

These poverty guidelines are effective as of January 15, 2020 and must be used as an eligibility criterion for your Community Services Block Grant program. These guidelines no longer include definitions of Family, Unrelated Individual, Household and Family Unit, but we will continue to use those definitions provided in previous years. The definition of countable income that is currently used by our program is included at the end of this memo. Income determination must take place with each new service since determination is based on the previous 30 days. The income guidelines in STARS have already been updated.

Criterion of Eligibility

The Community Services Block Grant Act states that "a criterion of eligibility" shall be the official poverty line established by the U.S. Department of Health and Human Services. For purpose of our Illinois Community Services Block Grant (CSBG) program, we interpreted "a criterion" to mean that the poverty line is one of several criteria of eligibility that may be established at the discretion of the state. Therefore, it is the policy of the Illinois Community Services Block Grant that client eligibility is limited to the following:

Clients served must be "low-income" which is at or below 200% of the poverty line as determined annually and published in the Federal Register by the U.S. Department of Health and Human Services. Community Action Agencies (CAAs) may set more restrictive eligibility provisions at their discretion. Client income may be determined by actual annual income or a projection of income based on the prior 30 days (whichever is most beneficial to the client).

- At client intake: disregard CSBG scholarship funds, training stipends and other student financial aid when determining family income. In addition, any one-time supplemental disaster relief payments should be disregarded when determining family income.
- Extreme emergency assistance may be provided to individuals and families who are victims of natural or manmade disasters. In these cases, CAA's may utilize presumptive eligibility determinations based on substantial loss of income as a result of loss of work due to the disaster. Additionally, CAA's are given the discretion to calculate income for selected clients net of extreme expenses as related to the mitigation of the disaster. This category is included to allow CAAs to quickly respond to sudden events which cause swift and temporary poverty. This category includes victims of fires, floods, tornadoes and other disasters. Special written authorization from DCEO must be obtained if clients in this category will exceed ten percent (10%) of the total CSBG clients served in a grant period.
- Each CAA is given discretion to calculate income for selected clients net of extreme expenses in areas such as medical, housing, childcare and transportation and to make presumptive eligibility determinations for clients who have experienced a substantial loss of income through an employment or family related crisis. These discretionary provisions fall under the same limitations in place for victims of natural or manmade disasters. Special written authorization from DCEO must be obtained if clients in this category and the preceding category will exceed ten percent (10%) of the total CSBG clients served in a grant period.

**2020 POVERTY INCOME GUIDELINES FOR ALL STATES
EXCEPT ALASKA AND HAWAII**

Family Size	100% of Poverty	100% 30 Day	200% of Poverty	200% 30 Day
1	\$12,760	\$1,063	\$25,520	\$2,127
2	\$17,240	\$1,437	\$34,480	\$2,873
3	\$21,720	\$1,810	\$43,440	\$3,620
4	\$26,200	\$2,183	\$52,400	\$4,367
5	\$30,680	\$2,557	\$61,360	\$5,113
6	\$35,160	\$2,930	\$70,320	\$5,860
7	\$39,640	\$3,303	\$79,280	\$6,607
8	\$44,120	\$3,677	\$88,240	\$7,353

For family units with more than 8 members, add \$4,480.00 for each additional member to arrive at yearly amounts for 100%. At 200% yearly amounts are increased by \$8,960.00 for each additional member.

Should you have questions regarding this correspondence, please contact your grants manager. Thank you.

Income: includes total annual cash receipts before taxes from all sources, with the exceptions noted below. Income includes money wages and salaries before any deductions; net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses); net receipts from farm self-employment (receipts from a farm which one operates as an owner, 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 funded General Assistance or General Relief money payments), and alimony, child support and military family allotments or other regular support from an absent family member 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, periodic 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, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied nonfarm or farm housing, and such Federal noncash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance.

Definitions

Family: A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all live in the same house or apartment; they would all be considered members of a single family.

Unrelated individual: An unrelated individual is a person (other than an inmate of an institution) who is not living with any relatives. An unrelated individual may be the only person living in a house or apartment or may be living in a house or apartment (or in group quarters such as a rooming house) in which one or more persons also live who are not related to the individual in question by birth, marriage, or adoption. Examples of unrelated individuals residing with others include a lodger, a foster child, a ward, or an employee.

Household: As defined by the Census Bureau for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units (see next item), but only one household. Programs using "family" would apply the poverty guidelines separately to each family and/or unrelated individual within a household if the household includes more than one family and/or unrelated individual.

Family Unit: "Family unit" is not an official U.S. Census Bureau term, although it has been used in the poverty guidelines Federal Register notice since 1978. As used here, either an unrelated individual or a family (defined as above) constitutes a family unit. In other words, a family unit of size one is an unrelated individual, while a family unit of two/three/etc. is the same as a family of two/three/etc.

INTAKE FORM

<input type="checkbox"/>	FEMA	<input type="checkbox"/>	Individual Service
<input checked="" type="checkbox"/>	Community Services Block Grant	<input type="checkbox"/>	Emergency Services Grants Program
Agency	PCCEO	Application Date	/ / Intake Site

APPLICANT INFORMATION

SSN _____ / _____ / _____ Date of Birth _____ / _____ / _____ Phone _____

Last Name _____ First _____

Street Address _____ City _____ Zip _____

Gender	M	F	Disabled	Yes	No	Food Stamps	Yes	No
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Health Insurance	Yes	No	Veteran	Yes	No
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Ethnicity		Education Level	
<input type="checkbox"/>	Black	<input type="checkbox"/>	0-8
<input type="checkbox"/>	White	<input type="checkbox"/>	9-12 (not HS Grad)
<input type="checkbox"/>	Hispanic Origin	<input type="checkbox"/>	HS Grad/GED
<input type="checkbox"/>	Nat. American/Alaska	<input type="checkbox"/>	12+
<input type="checkbox"/>	Asian	<input type="checkbox"/>	College Grad

No. of persons in your household including yourself

Type of Farmer	Farmer	Family Type	Female Single Parent
	Migrant		Male Single Parent
	Seasonal		Two Parents
	Not a Farmer		Couple/no children

Housing Status ☐ Renter \$ _____ ☐ Other

☐ Owner

☐ Homeless

☐ Other

Sources(s) of Household Income	Employment	Total 90 days Income	\$

For Office Use Only	
Service Received	Amount Received

PLEASE ENTER SPOUSE AND DEPENDENT INFORMATION ON THE OTHER SIDE

SPOUSE AND DEPENDENT INFORMATION

SSN	____ / ____ / ____	Date of Birth	____ / ____ / ____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Last Name	____		First	____	
Relationship	____				
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race	____		
Education Level	____				

SSN	____ / ____ / ____	Date of Birth	____ / ____ / ____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Last Name	____		First	____	
Relationship	____				
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race	____		
Education Level	____				

SSN	____ / ____ / ____	Date of Birth	____ / ____ / ____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Last Name	____		First	____	
Relationship	____				
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race	____		
Education Level	____				

SSN	____ / ____ / ____	Date of Birth	____ / ____ / ____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Last Name	____		First	____	
Relationship	____				
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race	____		
Education Level	____				

SSN	____ / ____ / ____	Date of Birth	____ / ____ / ____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Last Name	____		First	____	
Relationship	____				
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race	____		
Education Level	____				

SSN	____ / ____ / ____	Date of Birth	____ / ____ / ____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Last Name	____		First	____	
Relationship	____				
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race	____		
Education Level	____				

(Please use separate sheet of paper for more dependents. Be sure to include all of the above information.)

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 signature, I authorize others to release such information as may be required for the determination of my eligibility.

Signature of Applicant _____ Date _____

Applicant Email Address _____

Intake Worker Signature _____ Date _____



Scholarship Application

Application due date: June 5, 2020

Application 2020-must be filled out by applicant.

Must be a Peoria County Resident.

Please check one of the following:

New Scholarship Applicant _____

Repeat Scholarship Applicant _____

Please **type on a separate sheet** or **print** your answers below. If application is illegible it will be returned to you.

1	Last Name: _____	First Name: _____
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3	Daytime Telephone Number: () _____ Email address: _____	
4	Social Security # _____ Age: _____ Date of Birth: _____	
5	(Required) Number of Persons in Household: _____	(Required) Household Income (please provide proof of income from past 90 days): _____
6	(Fill this section out only if you live with Parents)	
	Father's Name: _____	Occupation _____
	Mother's Name: _____	Occupation _____
7	High School Attended: _____	ACT/SAT Score: _____ Class Rank: _____

8	College, Business, Professional/Technical School you plan to attend <u>Fall of 2019</u> : (ILLINOIS SCHOOLS ONLY) _____ Address/ Phone: _____
9	Next Fall, I will be a <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Level
10	Will you be a full time student? _____
11	Grade Point Average (GPA): _____ (On a 4.0 scale) Anticipated Date of Graduation_____. Field of Study_____.
12	<p>Have you applied to the Illinois State Scholarship Commission?..... <input type="checkbox"/>Yes <input type="checkbox"/>No If so, results?_____</p> <p>Have you applied for a Student Loan?..... <input type="checkbox"/>Yes <input type="checkbox"/>No If so, results?_____</p> <p>Are you employed?..... <input type="checkbox"/>Yes <input type="checkbox"/>No If so, where?_____</p> <p>Will you receive any other type of Financial Assistance?..... <input type="checkbox"/>Yes <input type="checkbox"/>No If so, what?_____</p>

Please list the following information on a separate sheet if needed.

13	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
14	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.
15	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.

19	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p>		
O	YES	NO	<p>Three (3) reference letters. Your references will mail these to:</p> <p>PCCEO, Inc. Scholarship Program Attn: Robin Gathers 711 W. McBean Peoria, IL 61605</p> <p>Or</p> <p>Email: rgathers@pcceo.org</p>
O	YES	NO	<p>EACH APPLICATION MUST BE ACCOMPANIED BY A COMPOSITION ON THE APPLICANT'S MOTIVATION FOR FURTHERING HIS/HER EDUCATION AND HOW HE/SHE PLANS TO USE HIS/HER EDUCATION TO BENEFIT HIS/HER COMMUNITY.</p>

FUNDS MADE POSSIBLE BY THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY, INC.

I hereby understand that if chosen as a scholarship winner, according to scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

**The deadline for this application to be received by PCCEO, Inc. is
June 5, 2020.**

PCCEO, Inc.
711 W. McBean
Peoria, IL 61605
Phone: 309-671-3900
Fax: 309-671-3913
Website: www.pcceo.org