

2021 C.E.F.S. Economic Opportunity Corporation's CSBG Scholarship



Application Deadline 4 p.m. April 1, 2021

The CSBG Scholarship is designed, in cooperation with the Illinois Department of Commerce and Economic Opportunity, to provide financial assistance to income eligible persons to attend college.

Scholarships will go toward providing formal education or occupational training in an accredited Illinois educational institution to CSBG eligible clients, with particular consideration given to study in high technology areas or other growth occupations.

Education and training made possible through the scholarships include either post-secondary education (Associates, Bachelors or Masters) or general education to achieve short-term training (2 years or less) in growth occupation skills.

All applicants must be enrolled, or intend to enroll, as a full-time student for the Fall 2021 semester in an Illinois accredited college. Full time is considered 12 hours or more.

This is a competitive scholarship based on income and the interview process. Previous scholarship recipients are eligible to submit an application. All eligible candidates will be interviewed in May of 2021 and recognized at our Annual Banquet in August.

Good Luck!

Instructions:

1. Complete the Scholarship Application in its entirety. *Be sure to include the essay separately.*
2. Include entire household income for the past 90 days *for anyone living at the same address as the applicant.*
3. Include *two* personal and/or academic letters of recommendation from unrelated individuals.
4. Provide proof of residency in one of the (7) seven counties served by C.E.F.S. Clay, Effingham, Fayette, Shelby, Moultrie, Christian, or Montgomery. Photocopy of a bill addressed to the applicant, applicant's parent or guardian is acceptable.
5. Request your high school or college transcript to be mailed to: C.E.F.S. Economic Opportunity Corporation, Attention Outreach, 1805 S. Banker St., P.O. Box 928 Effingham, IL 62401. If you have a GED, submit proof.
6. Completed applications and all requested documents must be submitted to your county C.E.F.S. Outreach Office by 4 p.m. on the date of the deadline.

INCOME GUIDELINES FOR ELIGIBILITY

Based on 200% of Poverty

Family Size	30 Day
1	\$2,147
2	\$2,903
3	\$3,660
4	\$4,417
5	\$5,173
6	\$5,930
7	\$6,687
8	\$7,443

For family units with more than 8 members, add \$9,080 for each additional member.

County Outreach Offices

CEFS Clay County
Outreach Office
835 West North
Flora, IL 62839
(618) 662-4024

CEFS Effingham County
Outreach Office
1010 Jefferson Ave.
Effingham, IL 62401
(217) 347-7514

CEFS Montgomery County
Outreach Office
8353 IL Route 127, P.O. Box 128
Taylor Springs, IL 62089
(217) 532-5971

CEFS Fayette County
Outreach Office
517 W. Gallatin St.
Vandalia, IL 62471
(618) 283-2631

CEFS Shelby County
Outreach Office
515 N. Cedar
Shelbyville, IL 62565
(217) 774-4541

CEFS Moultrie County
Outreach Office
114 E. Harrison St.
Sullivan, IL 61951
(217) 728-7721

CEFS Christian County
Outreach Office
220 W. Franklin
Taylorville, IL 62568
(217) 824-4712

Please complete the following information

1. _____
Name

2. _____
 Address City Zip

3. _____
Cell Phone Alternate Cell/Work/Home Phone Email Address

Date of Birth

4. Marital Status: Single Married Separated Divorced Widowed
 Circle One

5. Do you have any dependents? _____ If yes, how many? _____

Employment history

Please list jobs held, names and addresses of employers and dates of employment, etc.

1. _____
Job Title Employer

Address

Dates

2. _____
Job Title Employer

Address Dates

3. _____
Job Title Employer

Address Dates

Academic Information

1. High School last attended _____
City & State

2. Date of High School Graduation _____ or Completion of GED _____

3. Previous College Attendance:
Name of Institution _____

Location _____

Dates of Attendance _____

Name of Institution _____

Location _____

Dates of Attendance _____

4. School to Attend: _____

5. Degree to be Pursued: _____

6. Anticipated Year of College Graduation: _____

List any grants or scholarships you have received:

1. Illinois Guaranteed Loan Program \$ _____

2. Amount anticipated from Pell Grant \$ _____

3. Other assistance programs (VA/WIA/etc.) \$ _____

Household Information

1. List name and relationship to applicant of all persons living at same address with applicant. List all income earned in the last 90 days for **anyone 18 or older**. (Include wages, child support, unemployment, cash earned, TANF, etc.).

<u>Name</u>	<u>Relationship</u>	<u>Last 90 day gross income</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Household income

1. The gross household income (amount before taxes or deductions are taken out) for the last 90 days was \$ _____ **(pay stubs or other proof of income must be attached)**
2. Check all sources of income:

<input type="checkbox"/> Employment	<input type="checkbox"/> TANF
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Veterans Benefits
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Pensions
<input type="checkbox"/> Odd Jobs	<input type="checkbox"/> Rental Income
<input type="checkbox"/> SSI	<input type="checkbox"/> Lottery/Gambling
<input type="checkbox"/> SSDI	<input type="checkbox"/> Alimony/Maintenance
<input type="checkbox"/> SSA	<input type="checkbox"/> Workman's Comp.
<input type="checkbox"/> Child Support	<input type="checkbox"/> Other

Please write on a separate page a brief narrative describing your educational and career goals and the reasons why you have chosen to pursue these goals. The narrative should be 300-500 words, typed, and double spaced with a 12 pt font.

STATEMENT OF EDUCATIONAL PURPOSE

I affirm that I will use the funds I receive under the C.E.F.S. Community Services Block Grant Scholarship Program solely for expenses related to the pursuit of an institution-defined full course of post-secondary study leading to a career field. I understand that I am responsible for repaying the funds that I receive should the scholarship funds not be used to assist in meeting my educational expenses related to attendance at the institution.

I further understand that the amount of any repayment is based on regulations published by the Secretary of Education.

I also affirm that, to the best of my knowledge, I have provided C.E.F.S. Economic Opportunity Corporation with complete and accurate information concerning all financial assistance I have received. I understand that if I failed to provide complete information, all or part of the financial assistance from C.E.F.S. Economic Opportunity Corporation may be withdrawn.

I declare under penalty of perjury that the information on this application is true and correct.

I give my permission for educational institutions to release my academic and financial records to C.E.F.S. Economic Opportunity Corporation in consideration of receiving and continuing C.E.F.S. financial assistance.

(Signature)

(Date)

Funding for this program is made available by the Illinois Department of Commerce and Economic Opportunity, Office of Community Assistance through the Community Services Block Grant Program.

Application summary-be sure to include:

- Proof of 90 days income
- Proof of residency
- 2 letters of reference
- Completed application and signature on the statement of education purpose
- Essay on a separate sheet of paper
- Transcripts:
 - If you are a graduating senior, be sure to make arrangement for high school transcripts to be sent to our Main office: CEFS Outreach, 1805 S. Banker St. Effingham, IL 62401.
 - If you are not a recent graduate, we need proof of graduation or copy of current college transcripts with this application.
 - If you have a GED, submit proof with this application.

Once determined eligible, interviews will be scheduled. If you are awarded a scholarship, additional information will be needed (copies of Social Security Cards for everyone in the household, Driver's License or State ID, signed releases to publicize your award, etc.).

You must attend a college student loan debt workshop if awarded a scholarship.

You will also be our guest at our Annual Banquet held on August 5, 2021 in Effingham to receive your certificate.

Good Luck!

C.E.F.S. Economic Opportunity Corporation

"Community Action Agency"



1805 S. Banker Street, P.O. Box 928
Effingham, Illinois 62401-0928
PHONE: (217) 342-2193 ~ FAX: (217) 342-4701
E-MAIL: cefs@cefseoc.org
WEBSITE: www.cefseoc.org

KEVIN BUSHUR
Chief Executive Officer

CHECKLIST for STARS For CSBG Scholarship Application

Please bring the following items to your local Outreach office.

For the required state STARS database Eligibility Intake Application items 1 and 2

- _____ 1. Photo ID**
- _____ 2. Social Security Cards for everyone in your household**
- _____ 3. Proof of 90 day Income from all sources Note: Count income back 90 days from the date the application was signed by the applicant**

C.E.F.S. Economic Opportunity Corporation

"Community Action Agency"



1805 S. Banker Street, P.O. Box 928
Effingham, Illinois 62401-0928
PHONE: (217) 342-2193 ~ FAX: (217) 342-4701
E-MAIL: cefs@cefseoc.org
WEBSITE: www.cefseoc.org

KEVIN BUSHUR
Chief Executive Officer

PHOTO RELEASE FORM

_____ agrees that any photos taken in connection with this C.E.F.S. Economic Opportunity Corporation activity or program may be used in publications of the agency and/or its member organizations. I further give my consent to have my picture taken.

Signature

Date

Note:

Please use this form for any photos taken in conjunction with this agency event, activity or sponsored program. Without this form photos may not be used with the media.

"HELPING PEOPLE. CHANGING LIVES."

EQUAL OPPORTUNITY EMPLOYER

C.E.F.S. Economic Opportunity Corporation

"Community Action Agency"



1805 S. Banker Street, P.O. Box 928
Effingham, Illinois 62401-0928
PHONE: (217) 342-2193 ~ FAX: (217) 342-4701
E-MAIL: cefs@cefseoc.org
WEBSITE: www.cefseoc.org

KEVIN BUSHUR
Chief Executive Officer

RELEASE OF INFORMATION FORM

C.E.F.S. Economic Opportunity Corporation is requesting your permission to release information in connection with an agency activity, event or program. The release of this information may be used to determine your eligibility or participation in an agency sponsored program. I hereby acknowledge that the information relating to determination of my eligibility requires such information as may be required for the determination of my eligibility. C.E.F.S. Economic Opportunity Corporation is requesting the release of your personal information to accomplish its mission of providing opportunities for low-income people to overcome obstacles to obtaining or maintaining self-sufficiency.

Signature

Date

Printed Name

Note:

Please use this form to obtain consent and authorization to release information in connection with an agency activity, event or sponsored program. Without this release of information form, information may not be released or exchanged to verify eligibility or participation in an agency activity.

“HELPING PEOPLE. CHANGING LIVES.”

EQUAL OPPORTUNITY EMPLOYER