A Caring Place

KENDALL COUNTY HEALTH DEPARTMENT

811 W. John Street, Yorkville, IL 60560-9249 630/553-9100 Administration Fax 630/553-9506
811 West John Street, Yorkville, Illinois 6056 630/553-9100Fax 630/553-95

Public Health
Prevent. Promote. Protect.

TO: GUIDANCE COUNSELORS

FROM: Melissa Creamer, KGCA Director

DATE: February 1, 2022

RE: CSBG Scholarship Program for 2022.

Enclosed you will find scholarship applications and guidelines for the Scholarship Program made available with Community Service Block Grant funding.

Please advise students in your school of the Scholarship Program. Thank you for your cooperation and assistance in this matter.

If you have any questions, please do not hesitate to contact me at (630)553-9100 ext. 8013.

Sincerely,

Melissa Creamer,
KGCA Director

Enclosures

Kendall County Location
811 West John Street
Yorkville, Illinois 60560
630/553-9100 Fax 630/553-9605

Kendall-Grundy Community Action
A Unit of Kendall County Health Department
Community Action Partnership
Helping People. Changing Lives

Grundy County Location
1802 N. Division St., Rm. 403
Morris, Illinois 60450
815/941-3262 Fax 815/942-3925

KENDALL-GRUNDY COMMUNITY ACTION
2022 SCHOLARSHIP APPLICATION

COMPLETED APPLICATION IS DUE BY: APRIL 15, 2022

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 15, 2022. 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, 2022 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 gross income.
- Completed copy of the attached application including Federal Tax Form 1040, 1040A, or 1040EZ.
- Copy of your Photo ID and Social Security Card
- 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. (815) 941-3262 or (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 12, 2022. Late applications will not be considered.**

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

A. 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
1	$27,180
2	$36,620
3	$46,060
4	$55,500
5	$64,940

For each additional household member, add $9,440 annual

B. 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 2020-2021 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.

C. 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.

D. Interview:

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

Scholarship Application

General Information

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

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ sex: F M

STREET ADDRESS _____

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 2021 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)

Name	Relationship to applicant	Age	Sex	Income	Source	Ethnicity

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 15th, 2022:

Melissa Creamer
Director of KGCA
Kendall Grundy Community Action
811 W. John St.
Yorkville, IL 60560
(630) 553-8013

A Caring Place

KENDALL COUNTY HEALTH DEPARTMENT

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

Public Health
Prevent Promote Protect

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**

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