



COMMUNITY SERVICES BLOCK GRANT (CSBG)

2016 CSBG SCHOLARSHIP APPLICATION

Application for City of Chicago Residents Only

Suburban Cook County Residents should contact: Angel Smiley at csbgscholarship@cedaorg.net or (312) 288-9319

You are eligible to apply for the 2016 CSBG Scholarship if you meet the following requirements:

- Enrolled on a full-time basis in an educational/vocational institution by September 15, 2016;
- Enrolled in a tuition-based Illinois institution of higher education or vocational training school;
- Resident of the City of Chicago; and
- Income-eligible and provide proof of income for 3 months (13 weeks) (see table below)

ANNUAL & 3-MONTHS MAXIMUM INCOME LEVELS*		
Family Size	Maximum Annual Income	Maximum 3-Month Income
1	\$14,850.00	\$ 3,712.50
2	\$20,025.00	\$ 5,006.25
3	\$25,200.00	\$ 6,300.00
4	\$30,375.00	\$ 7,593.75
5	\$35,550.00	\$ 8,887.50
6	\$40,725.00	\$10,181.25
7	\$45,912.50	\$11,478.13
8	\$51,112.50	\$12,778.13

*Maximum Annual Income and Maximum 3-Month Income are increased by \$5,200.00 and \$1,300, respectively, for each additional family member.

APPLICATIONS ARE DUE FRIDAY, JUNE 10, 2016 – NO LATER THAN 5:00 P.M.

Mail or deliver to:

Chicago Department of Family &
Support Services (DFSS)
2016 CSBG Scholarship Program
ATTN: Jenny Schuler
1615 W. Chicago Avenue, 3rd Floor
Chicago, IL 60622
(312) 746-7291

Two webinars will be presented: one on Tuesday, May 10 and one on Thursday, May 12. In order to be placed on the Notification List to register for the "2016 CSBG Scholarship Application – an Overview" webinar, please email your name and email address as soon as possible to jenny.schuler@cityofchicago.org
Participation in this webinar is not required.



CITY OF CHICAGO
DEPARTMENT OF FAMILY
AND SUPPORT SERVICES



**CITY OF CHICAGO
CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES
COMMUNITY SERVICES BLOCK GRANT (CSBG)**

2016 CSBG Scholarship Program

Eligibility Requirements

Eligibility requirements are listed on this application cover. Since income eligibility is required for the CSBG Scholarship, it is important for the applicant to understand "Income". The following discussion distinguishes between what **Income includes** and what **Incomes does not include**.

Income includes total annual cash receipts before taxes from all sources, with exceptions noted below. Income includes money wages and salaries before any deductions; net receipts from nonfarm self-employment (receipts from a person's own incorporated business, professional business, or partnership, after deductions for business expenses); net receipts from farm self-employment (receipts from a farm which one operates as an owners, 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 General Assistance or General Relief money payments), and alimony, child support and military family allotments or other regular support from an absent family members 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.

For the 2016 CSBG Scholarship, Applicant is reporting on Income for the last 3 months or 13 weeks (March 1, 2016 through May 31, 2016) for all family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition or child support. All family members 18 years of age or older must supply proof of income for the past 3 months or a No Income/No Proof of Income Affidavit. If Applicant is supporting himself/herself on the types of money received in the section beginning "**Income does not include . . .**" Applicant needs to complete a No Income/No Proof of Income Affidavit and 1-Page No Income Affidavit.

Scholarship Information

Scholarship awards are based on the total number of points received by an applicant in three areas: 1) application completeness; 2) grade point average (GPA) or GED scores; and 3) one personal essay (minimum 300 words). Points are evenly distributed across these three areas.

Applicants need to pay attention to detail by submitting all requested documentation and answering all data requests in the application (i.e. Veteran either "Yes" or "No"); providing an official transcript with current GPA or GED with test scores; and writing a thoughtful essay that has been reviewed for grammar, spelling and typographical errors.

Scholarship Award highlights are provided below:

Scholarship Awards are based on the following criteria:

- Application Completeness: all data requests (blanks on 4-page application) and documents provided
- Grade Point Average
- One Personal Essay (minimum 300 words)

Scholarship Awards may be used for **ONLY** the Fall semester/quarter:

- Tuition costs for the Fall semester or quarter.
- Purchase of uniforms, payment of fees, books or other costs related to education/training.

Other Scholarship Award Information:

- Scholarship award will be based on the need of applicant not met through other Grants or Scholarships.
- Scholarship award will be sent directly to the institution in the name of the recipient.
- Scholarships range from \$500 to \$3,000.
- Applicants will be notified no later than the week of August 8, 2016.

Other Application Information

STAPLED PAGES AND 2-SIDED COPIED DOCUMENTS ARE NOT ALLOWED.

A “No Income/No Proof of Income Affidavit” is included before the last page or “Application Checklist” of this application packet. If this Affidavit is necessary to satisfy the requirements of your application, please complete and submit with application. **Make copies of Affidavit for additional family/household members as necessary.**

For infants/children with no income, in addition to providing the infant/child’s name, the “Other Income or Infant/Child No Income” column must be checked on Page 2 of 2 of the Family Composition Detail with “\$0” written in the space provided.

DFSS will be hosting two webinars on Tuesday, May 10 and Thursday, May 12. In order to be placed on the Notification List to register for the “2016 CSBG Scholarship Application – An Overview” webinar, please email your name and email address as soon as possible to jenny.schuler@cityofchicago.org. **Participation is not required.**

Applications and supplemental documentation must be received in this office on or before Friday, June 10, 2016 no later than 5:00 p.m. addressed as follows:

Chicago Department of Family and Support Services
2015 CSBG Scholarship Program
ATTN: Jenny Schuler
1615 W. Chicago Avenue -- 3rd Floor
Chicago, IL 60622
Call (312) 746-7291 with any questions.

APPLICATION INSTRUCTIONS

Read entire application thoroughly before completing and submitting. Scholarship Awards are based on the total number of points received by an applicant. Answer **ALL** data requests in the 4-page application. If not applicable, please state "Not Applicable."

Sign your name legibly and date the application before mailing or delivering the application. If mailing, allow a sufficient number of business days for delivery and affix the required postage. Check with your Post Office to ensure the following: 1) correct postage is affixed to your application; and 2) delivery will meet the date and time deadline requirement for submittal to this office.

Please note that a parent or guardian must also sign this application, as well as other indicated pages, if you are: 1) not 18 years of age or older; and/or 2) not self-supporting.

Include Name and Birth Date on all additional documents/pages submitted.

Application is due no later than Friday, June 10, 2016 no later than 5:00 p.m. at the Chicago Department of Family and Support Services, 2015 CSBG Scholarship Program, ATTN: Jenny Schuler, 1615 W. Chicago Avenue, 3rd Floor, Chicago, Illinois 60622.

Applicants are REQUIRED to submit the following documents with the completed application.

1. Official transcripts including most recent semester grades, grade point average (GPA) or GED test scores. No copies of transcripts or "unofficial" transcripts will be accepted.
2. Acceptance letter from the school to be attended (not required if currently attending college) or explanation why acceptance letter has not been included.
3. Proof of family/household income (for last three months or 13 weeks – March 1, 2015 through May 31, 2016): Payroll check receipts or unemployment receipts for the past three months or 13 weeks (March 1 through May 31). Social Security, SSDI, SSI or Public Aid letter documenting monthly or yearly allotment. **All family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition are required to provide income documentation or a "No Income/No Proof of Income Affidavit" and 1-Page "No Income Affidavit".** The "No Income/No Proof of Income Affidavit" and the "No Income Affidavit" must be witnessed. Anyone who knows the applicant may be the Witness.
4. Current financial aid awards from all sources including those obtained from completing the Free Application for Federal Student Aid (FAFSA). **If you are not eligible for financial aid, you must write a statement affirming that you are not eligible for financial aid and the reason for your ineligibility.**
5. Proof of Chicago Residency must include **either** a legible copy of the applicant's IL Driver's License or IL State ID. Copies for all other family/household members' Driver's Licenses or State IDs are required.
6. Copies of all Social Security cards for **all** household/family members (to include infants and children) are required.
7. Completed Release of Information form that is signed and dated. Please note that a parent or guardian must also sign the Release of Information if the applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.
8. **Minimum 300-word** personal essay. – **REVISED REQUIREMENT**
9. Letter of Recommendation **on organization/association letterhead.** – **REVISED REQUIREMENT**

**CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES (DFSS)
COMMUNITY SERVICES BLOCK GRANT (CSBG)**

2016 CSBG Scholarship Application

I have been accepted by and plan to attend or currently attending _____
(Name of School)
in _____, Illinois during the 2016 School Year.
(City)

Course of Study: _____

Circle one of the four following programs:

Undergraduate Program Graduate Program Certificate Program Vocational Training Program

PERSONAL INFORMATION		
Legal Name:		
Last	First	Middle
Address:		Apt/Unit No.:
Chicago, Illinois	Zip Code: 606 _____	Chicago Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone Number: ()		Cell Phone: ()
Birth Date: / /	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:		
Email address:		
Current Grade (if in school) or Highest Level of Education Completed:		
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (2 or more)		
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:		
FAMILY INFORMATION		
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Type: <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Single Person <input type="checkbox"/> Two Parent Household (2 adults with children) <input type="checkbox"/> Two Adults/no children <input type="checkbox"/> Other		Housing Status: * <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> In Temporary Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Homeless Roof <input type="checkbox"/> Homeless No Roof * Verification of Housing Status may be required if awarded a CSBG Scholarship.
Income Source (check all applicable):		
<input type="checkbox"/> Employment Only <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> Social Security	<input type="checkbox"/> Pension <input type="checkbox"/> SSDI (Disabled) <input type="checkbox"/> SSI/P3 <input type="checkbox"/> TANF	<input type="checkbox"/> Earnfare (General Assistance) <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Source of Income¹ <input type="checkbox"/> Employment plus any source above
¹ A "No Income/No Proof of Income Affidavit" is required if box is checked.		
Total Number of Members in Family (includes applicant, infants, children and adults):		
For each Member of the Family provide requested information by completing the 2-page Family Composition Detail chart on the following pages.		

FAMILY COMPOSITION DETAIL - For all members living within the family/household (Page 1 of 2)

Print full name of all family/household members below and provide required data for all.

	Name (Last, First, MI) Example: Smith, Katherine A	Relationship to Applicant (1)	Social Security Number	Birth Date	Age (2)	Gender (M/F)	Disability (Y/N) (3)	Hispanic (Y/N)	Race (4)	Educational Level (5)	Health Insurance (Y/N)	Veteran (Y/N)
	Example: Smith, Joseph A.	son	101-12-1314	12-20-2009	2	M	Y	N	MR	0	Y	N
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												

Notes/Instructions:

- (1) If Applicant is not Head of Household, please designate one family member listed below as the Head of Household (HoH).
- (2) All family/household income is requested. All family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition are required to provide Proof of Income for 3 months (13 weeks) or complete a "No Income/No Proof of Income Affidavit."
- (3) If Disabled, please provide name of family member and specify the type of disability in the space provided below:
Example: Joseph, Cerebral Palsy

- (4) Please use the following Code: "B/AA" – Black/African American; "W" – White; "NA" – Native American; "A" – Asian;
"O" – Other; "MR" – Multi-Racial

- (5) Current Grade (if in school) or Level of Education Completed

FAMILY COMPOSITION DETAIL - For all members living within the family/household (include infants and children) (Page 2 of 2)

Print full name of all family/household members below. Check all applicable income sources and provide the 3-month total. For example, Katherine Smith provides a No Income/No Proof of Income Affidavit for \$500 for braiding hair and gross payroll receipts for \$2,211.43 for her work at a retail store. In addition, Katherine receives \$300 monthly as child support for Joseph or \$900. She does not receive alimony. Finally, Joseph who is 2 years old receives \$300 monthly from SSI or \$900 for 3-Month total. The Total Family Income for the 3-Month Period is \$4,511.43. Katherine is income eligible to apply for the CSBG Scholarship.

	Name (Last, First, MI)	NO INCOME/NO PROOF OF INCOME AFFIDAVIT	EMPLOYMENT/ UNEMPLOYMENT RECEIPTS	ALIMONY/ CHILD SUPPORT	SOCIAL SECURITY/ PENSION/SSDI	SSI/T3	TANF	EARNFARE/ GENERAL ASSISTANCE	OTHER INCOME or INFANT/CHILD NO INCOME
	Example: Smith, Katherine A.	<input checked="" type="checkbox"/> \$ 500	<input checked="" type="checkbox"/> \$2,211.43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Example: Smith, Joseph A.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> \$900	<input type="checkbox"/>	<input type="checkbox"/> \$900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEAD OF HOUSEHOLD SIGNATURE: _____

COMBINED FAMILY GROSS INCOME INFORMATION (March 1 through May 31):

Please complete the following table by providing the following: 1) list names for **ALL** family/household members as noted in the Family Composition Detail- Page 2 of 2 table on the previous page; 2) Total Gross (before taxes) Three Months Income; and 3) Source of Income. Some family/household members may have more than one Source of Income. For the Family/Household listed below, the Total Family Income is \$4,511.43 for the 3-Month period.

Name of Family Member	Total March 1 through May 31 Gross Income	Source of Income (1)	Source of Income (2)
Example: Katherine Smith	\$2,711.43	Wages – Retail Store – Provides \$2,211.43 in gross pay receipts for the 3-month period.	Supplies No Income/No Proof of Income Affidavit – Earned \$500 during the 3-month period as a hairdresser.
Example: Joseph Smith (age 2)	\$1,800.00	SSI – Provides copy of letter from Social Security stating the \$300 monthly payment.	Joseph receives \$300 in child support from his father.
List all family/household members on lines provided below. If additional lines are needed use the back of this page.			
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			

TOTAL FAMILY INCOME: \$ _____

I understand that I must provide proof of my attendance and/or confirmation of my acceptance at an Illinois institution to be eligible for this scholarship. I affirm that the attached essay is an original writing that I have composed. Also, I understand that I am signing a legal document, and that inaccurate disclosure of income to obtain assistance is a fraudulent offense. I certify that the information provided is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to the 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. Finally, I understand that a parent or guardian must sign this application if I am not 18 years of age or older and/or not self-supporting.

_____/_____
(Signature of Applicant) (Date)

_____/_____
(Signature of Parent/Guardian) (Date)

**CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES
COMMUNITY SERVICES BLOCK GRANT (CSBG)**

2016 CSBG Scholarship Application

PERSONAL ESSAY & LETTER OF RECOMMENDATION -- REVISED

PERSONAL ESSAY -- REVISED

Please write an essay (**300 words minimum**) on one of the options listed below. This personal essay helps to familiarize us with you as a person apart from classes, course of study, and other objective data. It also demonstrates your ability to organize your thoughts and express yourself on a topic that is of concern to you. Please indicate your topic by checking the appropriate box. Type the essay on an additional sheet(s) of paper. Include your name and birth date for identification purposes on the essay. Finally, if you were awarded a scholarship with an essay previously submitted, you must submit a different essay or risk disqualification.

- ☐ 1. In reviewing your high school years, what advice would you give to someone beginning their high school career?
- ☐ 2. Discuss some issue of personal, local, national, or international concern and its importance to you.
- ☐ 3. Indicate a person who has had a significant influence on you. Describe that person and describe the influence.
- ☐ 4. Describe the neighborhood that you grew up in and how it helped shape you into the kind of person you are today.
- ☐ 5. Describe a character in fiction, a historical figure, or creative work (music, politics, science, etc.) that has an influence on you and explain that influence.
- ☐ 6. Provide information that you feel will give a more complete and accurate picture of yourself (i.e., background, personal philosophy, traits, goals, etc.). Describe the influence of these factors.

LETTER OF RECOMMENDATION -- REVISED

Provide **one** Letter of Recommendation. The writer of the Letter of Recommendation may come from your school, work, extra-curricula or church/house of worship activity environments. The recommendation must **be on the letterhead** of the activity environment and **signed by the endorser**.

Please remember that there is no evaluation of the Letter of Recommendation. Your application is accepted for evaluation based on its required submittal.

COMMUNITY SERVICES BLOCK GRANT (CSBG)

2016 CSBG Scholarship Application

RELEASE OF INFORMATION

In administering the CSBG Scholarship Program, the Chicago Department of Family and Support Services (DFSS) communicates with numerous organizations.

DFSS believes that by gathering additional information and surveying attitudes and experiences of applicants, we would be able to communicate these findings to the appropriate organizations to ultimately improve the overall scholarship process and learning experience of the applicant.

Please complete this form by printing your name, providing social security number, signing and dating. Completion of this form is required to be considered for the 2016 CSBG Scholarship.

RELEASE OF INFORMATION VALID FOR THE 2016 FALL TERM

I agree to complete and return a short survey that will be mailed to me in a stamped envelope or emailed to me after this current semester/quarter.

I consent that the university/college/vocational school that I am currently attending may release Financial Aid Information to the Chicago Department of Family and Support Services to include the total dollar amount of my student loans and total dollar amount of scholarships received.

I consent that the university/college/vocational school that I am currently attending may release Admissions/Registrar Information to the Chicago Department of Family and Support Services to include overall student standing, most recent grades, GPA, and anticipated date of graduation.

Applicant Name (Printed)

Social Security Number

Applicant Signature

Date

PLEASE NOTE: Parent or Guardian Signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

Parent/Guardian
Signature: _____

Date: _____

COMMUNITY SERVICES BLOCK GRANT (CSBG)

2016 CSBG Scholarship Application

**NO IDENTIFICATION AFFIDAVIT
(For Family/Household Members other than the Applicant)**

Please complete this Affidavit if necessary and make additional copies as required.

Name (Print): _____ Date: _____

Address: _____ Chicago, IL Zip Code: _____

Choose applicable statements below and sign and date Affidavit. In addition, have a witness print their name and sign and date Affidavit. Please remember that by witnessing a signature all dates must be the same.

☐ I HEREBY CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY CARD READILY AVAILABLE TO SUBMIT WITH THE 2016 CSBG SCHOLARSHIP APPLICATION

☐ I HEREBY CERTIFY THAT I DO NOT HAVE AN IL DRIVER'S LICENSE OR IL STATE I.D. READILY AVAILABLE TO SUBMIT WITH THE 2016 CSBG SCHOLARSHIP APPLICATION

SIGNATURE: _____ DATE: _____

WITNESS (PRINT NAME) _____ DATE: _____

WITNESS (SIGNATURE) _____ DATE: _____

PLEASE NOTE: Parent or guardian signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

COMMUNITY SERVICES BLOCK GRANT (CSBG)
2016 CSBG Scholarship Application

NO INCOME/NO PROOF OF INCOME AFFIDAVIT

Please complete this Affidavit if necessary and make additional copies as required.

Name (Print): _____ Date: _____

Address: _____ Chicago, IL Zip Code: _____

Choose one of the following statements and provide requested information:

☐ I HEREBY CERTIFY THAT I HAVE NO INCOME – Indicate each month and \$0 for period with **NO INCOME**

0 – 30 Days – Month 1

31 – 60 Days – Month 2

61 – 90 Days – Month 3

By certifying that you have “No Income,” please provide explanation in the space provided below. The following 1-page “No Income Affidavit” and an additional supporting letter is required to explain how you are able to provide for basic living expenses such as housing, utilities, and food.

☐ I HEREBY CERTIFY THAT I HAVE NO PROOF OF INCOME – Indicate each month and \$ amount for period with **NO PROOF OF INCOME**

0 – 30 Days – Month 1

31 – 60 Days – Month 2

61 – 90 Days – Month 3

With certifying that you have “No Proof of Income,” please provide explanation in the space provided or attach a supporting letter as to the absence of any income receipts and the service or product provided to receive this income.

SIGNATURE: _____

DATE: _____

WITNESS (PRINT NAME) _____

DATE: _____

WITNESS (SIGNATURE) _____

DATE: _____

PLEASE NOTE: Parent or guardian signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

COMMUNITY SERVICES BLOCK GRANT (CSBG)

2016 CSBG Scholarship Application
NO INCOME AFFIDAVIT

With No Income (\$0 income) over the last ninety days, I have supported myself and, if applicable, my family in the following areas in the ways explained:

Housing (rent or mortgage):

Food:

Utilities:

Other:

Name (Print): _____

Date: _____

Signature: _____

Witness (Print Name) _____

Date: _____

Witness (Signature) _____

PLEASE NOTE: Parent or guardian signature is required if applicant is 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

COMMUNITY SERVICES BLOCK GRANT (CSBG)
2016 CSBG Scholarship Application

APPLICATION CHECKLIST

Stapled or 2-sided documents are not allowed. Provide the following documentation in application package:

1. Most recent Transcripts with grade point average (GPA) or GED with test scores.
2. Acceptance Letter from school attending in the fall (not required if currently attending) or explanation as to why acceptance letter is not included.
3. Income for last 3 months or 13 weeks (March 1, 2016 through May 31, 2016) for all family members 18 years of age or older and those members younger than 18 receiving a sustainable income such as SSI for a medical condition or a No Income/No Proof of Income Affidavit and 1-Page No Income Affidavit.
4. Current Financial Aid Award. If your current Financial Aid Award is not submitted with application, please provide an explanation and a copy of your completed FAFSA. Also, if you are not eligible for financial aid, you must provide that explanation in writing.
5. Legible copy of all family members' IL Driver's License or IL State I.D.
6. Copies of Social Security cards for all family members (includes infants and children).
7. Letter of Recommendation on Letterhead signed by endorser. -- **REVISED**
8. **Minimum 300-word essay.** If you were awarded a scholarship with an essay previously submitted, you must submit a different essay or risk disqualification. -- **REVISED**
9. Release of Information form
10. Register if you would like to participate in either webinar noted on this application cover.
11. Finally, remember that scholarship awards are based on the total number of points an application receives. Points will be deducted for incomplete applications. Review your application for any missed data requests on the 4-page application and sign the application. Please note that a Parent or Guardian's Signature is required on multiple pages if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting. Anyone that knows the applicant can witness a signature if required. Missing signatures may disqualify an application.

With proper postage affixed to application mail or deliver to the following address:

2016 CSBG Scholarship Program
ATTN: Jenny Schuler
Dept. of Family & Support Services
1615 W. Chicago Ave. – 3rd Floor
Chicago, IL 60622

If you should have any questions, please call Jenny Schuler at 312-746-7291

**APPLICATIONS ARE DUE IN THE OFFICE LISTED ABOVE
NO LATER THAN 5:00 P.M. FRIDAY, JUNE 10, 2016**