



Chicago Department of Family and Support Services (CDFSS)

2019

CSBG Scholarship Application

*****Application for City of Chicago Residents Only*****

NEW 2019 INCOME GUIDELINES

Application due Friday, June 14, 2019

No later than 5:00 p.m.

Mail or deliver to:

Chicago Department of Family and Support Services
2019 CSBG Scholarship Program
ATTN: Jenny Schuler
1615 W Chicago Avenue, 2nd Floor
Chicago, IL 60622

*Mailed, delivered, or postmarked applications that arrive
after June 14, 2019 at 5pm will not be accepted.*

Webinars will be conducted to provide information on how to complete the scholarship application. Details and registration information are included in the application. **Participation is not required.**

City of Chicago Residents: Contact (312) 746-7291 or jenny.schuler@cityofchicago.org
Suburban Cook County Residents: Contact (312) 288-9319 or csbgscholarship@cedaorg.net

Chicago Department of Family and Support Services (CDFSS)
2019 CSBG SCHOLARSHIP PROGRAM

Eligibility Requirements

You are eligible to apply for the 2019 CSBG Scholarship if you meet the following requirements:

- Enrolled on a full-time basis in an educational institution by September 15, 2019.
- Enrolled in a tuition-based Illinois institution of higher education enrolled in a degree or certificate program.
- Resident of the City of Chicago.
- Income-eligible and provide proof of income for 3 months (see table).

2019 Income Eligibility Guidelines (Gross Income – before taxes)		
Size of Household	3-Month Income Limit	Annual
1	\$3,903.00	\$15,613.00
2	\$5,284.00	\$21,138.00
3	\$6,666.00	\$26,663.00
4	\$8,047.00	\$32,188.00
5	\$9,428.00	\$37,713.00
6	\$10,809.00	\$43,238.00
7	\$12,191.00	\$48,763.00
8	\$13,572.00	\$54,288.00
For each additional person add	\$1,381.25	\$5,525.00

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, period 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 inputted value of rent from owner-occupied nonfarm or farm housing, and such Federal noncash benefit programs such as Medicare, Medicaid, food stamps, school lunches, and housing assistance.

Chicago Department of Family and Support Services (CDFSS)
2019 CSBG SCHOLARSHIP PROGRAM

Who Reports Income

Applicant (if 18 years of age or older) is reporting income for the past 3 months or 13 weeks (March 1, 2019 through May 31, 2019) or submitting a "No Income/No Proof of Income Affidavit," the 1-Page No Income Affidavit, and (if applicable) Supporting Letter. Also, 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, the 1-Page No Income Affidavit, and (if applicable) Supporting Letter. For those family members younger than 18 receiving a sustainable income such as SSI for a medical condition or child support must supply proof of that income.

Acceptable Income Documentation

Payroll check receipts or unemployment receipts for the last three months or 13 weeks (March 1, 2019 through May 31, 2019) provide the required income information. Copies of Social Security, SSDI, SSI, or Public Aid letter stating monthly or yearly allotments also provide the required income information. Court documents may be used to document alimony/child support commitments. 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.

If Applicant is supporting himself/herself for basic living expenses using the types of money received in the section beginning "Income does not include" such as loans and scholarships, Applicant needs to complete the following: 1) No Income/No Proof of Income Affidavit, 2) the 1-Page No Income Affidavit, and 3) submit a Support Letter explaining how he/she is able to provide basic living expenses such as housing, utilities, and food. The supporting letter will be from the Applicant himself/herself duplicating the information supplied in the 1-Page No Income Affidavit referencing loans, scholarships, and savings as the means to provide basic living expenses.

If another person is providing support to the Applicant for basic living expenses, the Support Letter must come from the person providing the support. For example, the Applicant's mother, aunt or family friend is supplying support by providing the Applicant free rent and utilities while in school. The Applicant needs to submit: 1) No Income/No Proof of Income Affidavit; 2) the 1-Page No Income Affidavit; and 3) a Support Letter signed by the person providing the support stating what type of support he/she is providing the Applicant. In this situation, the support is free room and board.

Scholarship Information

Scholarship Awards are based on the total number of points received by an applicant in three areas:

1. Application Completeness: all data requests (5-page application) and documents provided.
2. Grade Point Average (GPA) or Graduate Equivalency Degree (GED) scores
3. One Personal Essay

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. "Disabling Condition" either "Yes" or "No"; and if "Yes" state type of condition such as Multiple Sclerosis); 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.

Chicago Department of Family and Support Services (CDFSS)
2019 CSBG SCHOLARSHIP PROGRAM

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 or books related to Fall semester.

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.
- Only institutions in the state of Illinois are acceptable.
- Scholarships range from \$500 to \$3,000.
- Applicants will be notified the week of August 5, 2019 by email.

Application Information

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

A "No Income/No Proof of Income Affidavit" is included before the "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 the affidavit for additional family/household members as necessary.

CDFSS will be hosting two webinars on Tuesday, May 21 and Thursday, May 23 to assist in application completion. In order to participate in the "2019 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 14, 2019 no later than 5:00 p.m. addressed as follows:

Chicago Department of Family and Support Services
2018 CSBG Scholarship Program
ATTN: Jenny Schuler
1615 W. Chicago Avenue, 2nd Floor
Chicago, IL 60622

Mailed or delivered scholarship applications that arrive after June 14, 2019 at 5 p.m. will not be reviewed. Call (312) 746-7291 with any questions.

Chicago Department of Family and Support Services (CDFSS)
2019 CSBG SCHOLARSHIP PROGRAM

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 5-page application. If not applicable, please state "Not Applicable" or "NA".

Sign your name legibly and date the application before mailing or delivering. **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.

Application is due no later than Friday, June 14, 2019 no later than 5:00 p.m. at the Chicago Department of Family and Support Services, 2019 CSBG Scholarship Program, ATTN: Jenny Schuler, 1615 W. Chicago Avenue, 2nd Floor, Chicago, IL 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 graduate equivalency degree (GED) test scores. No copies of transcripts or "unofficial" transcripts will be accepted.
2. Acceptance letter from the school to be attended in the Fall of 2019 (not required if currently attending college) or explanation why acceptance letter is not included. ***(Please Note: This scholarship is for post-secondary education only)***
3. Proof of family/household income (for last three months – March 1, 2019 through May 31, 2019): Payroll check receipts or unemployment receipts for the past three months (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".** The "No Income/No Proof of 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 Residency must include a **legible copy** of the applicant's Illinois Driver's License **or** Illinois State ID. Copies for all other family/household members' Driver's Licenses or State IDs are required. ***(Pictures from phones or cameras are not acceptable.)***
6. Copies of Social Security cards for all household/family members (to include infants and children) are required. ***(Pictures from phones or cameras are not acceptable.)***
7. Minimum 300-word personal essay.
8. One letter of recommendation. The recommendation must be on letterhead and signed by the endorser.
9. 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.

Chicago Department of Family and Support Services (CDFSS)

2019 CSBG SCHOLARSHIP PROGRAM

APPLICATION

I have been accepted by, plan to attend, or currently attending _____
(Name of School)

in _____, Illinois during the 2019 School Year. Course of Study: _____
(City)

Check one of the following programs: ☐ Undergraduate Program ☐ Graduate Program ☐ Certificate Program
Expected Graduation: Month _____ Year _____

PERSONAL INFORMATION

Legal Name:

First

Middle

Last

Address:

Apt/Unit No.:

City: Chicago

State: Illinois

Zip Code:

Please Note: This application is for City of Chicago residents. If you are a Suburban Cook County resident, call (312) 288-9319.

Home Phone Number: ()

Cell Phone: ()

Email Address: (Please print legibly. This email address will be used to communicate with the applicant.)

FAMILY INFORMATION

Family Type:

- ☐ Single Parent/Female ☐ Single Parent/Male
☐ Single Person ☐ Non-related adults with Children
☐ Two Adults/No children ☐ Other
☐ Two Parent Household ☐ Unknown/Not Reported
☐ Multi-generational Household

Housing*:

- ☐ Rent ☐ Homeless
☐ Own ☐ Other
☐ Other Permanent Housing ☐ Unknown
*Verification of Housing may be required if awarded a CSBG Scholarship.

Sources of Total Household Income:

- ☐ Income from Employment Only
☐ Income from Employment and Other Source
☐ Income from Employment, Other Income Source, and Non-Cash Benefits
☐ Income from Employment and Non-Cash Benefits
☐ Other Income Source and Non-Cash Benefits

☐ No Income¹

☐ Non-Cash Benefits

¹A "No Income/No Proof of Income Affidavit" and other documents are required if box is checked.

Total Number of Members in Family/Household (includes applicant, infants, children and adults):

Total Number of Youth ages 14-24 who are neither working nor in school:

For each member of the family provide requested information by completing the 3-page Family/Household Members Characteristics – Part I and Part II.

Refer to Examples.

Make copies of Part I or Part II of Family/Household Characteristics if greater than 8 members.

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) Additional Sources of Income. Some family/household members may have more than one Source of Income. For the family/household listed below, the Total Family Income would be \$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 8)	\$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)			

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. 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.

Finally, I understand that incomplete applications, which do not include all required documents listed under the Application Checklist, will not be reviewed and will not be eligible for the CSBG Scholarship Program. I understand there are no exceptions to this policy.

(Signature of Student)

(Date)

(Signature of Parent/Guardian)

(Date)

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART I									
Print full name of all family members below and provide requested data.									
	Name (Last, First, MI)	Relationship to Applicant (1)	Social Security Number	Birth Date	Age	Disabling Condition (Y/N) (2)	Hispanic, Latino or Spanish Origin (Y/N)	Race (3)	Educational Level (4)
	Example: Smith, Katherine A.	HoH	123-45-6789	3-19-1984	35	N	N	W	College 3
	Example: Smith, Joseph A.	Son	101-12-1314	12-20-2009	9	Y	N	MR	Third Grade
1									
2									
3									
4									
5									
6									
7									
8									

Notes/Instructions:

- (1) If Applicant is not Head of Household (HoH), please designate one Family/Household member listed in chart as Head of Household (HoH).
- (2) If noted as having a Disabling Condition, please provide name of family member and specify the type of Disabling Condition in the space provided below:
Example: Joseph, Cerebral Palsy

- (3) Please use the following Code: "B/AA" – Black/African American; "W" – White; "AIAN" – American Indian or Alaska Native; "A" – Asian; "NHOP" – Native Hawaiian and Other Pacific Islander; "MR" – Multi-race (two or more of the previous; "UNR" – Unknown/not reported
- (4) Current Grade (if in school) or Level of Education Completed

PLEASE COPY FOR ADDITIONAL FAMILY MEMBERS

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART II

Instructions: Print family/household member names at the top, place an "X" for each correct characteristic for that family member. Use 3 months total for characteristics followed by "\$" sign. See EXAMPLE.

FAMILY/HOUSEHOLD MEMBERS	Applicant Name	Member Name	Member Name	Member Name
Print Family Members Names to Right →				
FAMILY INFORMATION				
Gender				
-- Male				
-- Female				
-- Other				
-- Unknown/Not Reported				
Military Status				
-- Veteran				
-- Active Military				
-- Unknown/Not Reported				
Work Status				
-- Employed Full-time				
-- Employed Part-time				
-- Migrant Seasonal Farm Worker				
-- Unemployed (Short-Term, 6 months or less)				
-- Unemployed (Long-Term, more than 6 months)				
-- Unemployed (Not in Labor Force)				
-- Retired				
-- Unknown/Not Reported				
Health Insurance Sources:				
-- Medicaid				
-- Medicare				
-- State Children's Health Ins. Program				
-- State Health Insurance for Adults				
-- Military Health Care				
-- Direct Purchase				
-- Employment Based				
Income Support: (Total March to May)				
-- Employment	\$ _____	\$ _____	\$ _____	\$ _____
-- TANF (AFDC)	\$ _____	\$ _____	\$ _____	\$ _____
-- Supplemental Insurance Income (SSI)	\$ _____	\$ _____	\$ _____	\$ _____
-- Social Security Disability Income (SSDI)	\$ _____	\$ _____	\$ _____	\$ _____
-- VA Service-Connected Disability Comp.	\$ _____	\$ _____	\$ _____	\$ _____
-- VA Non-Service Connected Disability Pension	\$ _____	\$ _____	\$ _____	\$ _____
-- Private Disability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
-- Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
-- Retirement Income from Social Security	\$ _____	\$ _____	\$ _____	\$ _____
-- Pension	\$ _____	\$ _____	\$ _____	\$ _____
-- Child Support	\$ _____	\$ _____	\$ _____	\$ _____
-- Alimony or Other Spousal Support	\$ _____	\$ _____	\$ _____	\$ _____
-- Unemployment Insurance	\$ _____	\$ _____	\$ _____	\$ _____
-- Other	\$ _____	\$ _____	\$ _____	\$ _____
-- EITC				

Non-Cash Benefits:				
-- SNAP				
-- WIC				
-- LIHEAP				
-- Housing Choice Voucher				
-- Public Housing				
-- Permanent Supportive Housing				
-- HUD-VASH				
-- Childcare Voucher				
-- Affordable Care Act Subsidy				
-- Other				
TOTAL (Individual Members):	\$	\$	\$	\$

TOTAL FAMILY INCOME (All Members): \$ _____

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. 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.

Finally, I understand that incomplete applications, which do not include all required documents listed under the Application Checklist will not be reviewed and will not be eligible for the CSBG Scholarship Program. I understand that there are no exceptions to this policy.

_____/_____
(Signature of Applicant) (Date)

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

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART II

Instructions: Print family/household member names at the top, place an "X" for each correct characteristic for that family member. Use 3 months total for characteristics followed by "\$" sign. See EXAMPLE.

FAMILY/HOUSEHOLD MEMBERS	Applicant Name	Member Name	Member Name	Member Name
Print Family Members Names to Right →	Katherine Smith	Joseph		
FAMILY INFORMATION				
Gender				
-- Male		X		
-- Female	X			
-- Other				
-- Unknown/Not Reported				
Military Status				
-- Veteran				
-- Active Military				
-- Unknown/Not Reported				
Work Status				
-- Employed Full-time	X			
-- Employed Part-time				
-- Migrant Seasonal Farm Worker				
-- Unemployed (Short-Term, 6 months or less)				
-- Unemployed (Long-Term, more than 6 months)				
-- Unemployed (Not in Labor Force)				
-- Retired				
-- Unknown/Not Reported				
Health Insurance Sources:				
-- Medicaid				
-- Medicare				
-- State Children's Health Ins. Program				
-- State Health Insurance for Adults				
-- Military Health Care				
-- Direct Purchase				
-- Employment Based				
Income Support: (Total March to May)				
-- Employment	\$ 2,211.43	\$	\$	\$
-- TANF (AFDC)	\$	\$	\$	\$
-- Supplemental Insurance Income (SSI)	\$	\$ 900.00	\$	\$
-- Social Security Disability Income (SSDI)	\$	\$	\$	\$
-- VA Service-Connected Disability Comp.	\$	\$	\$	\$
-- VA Non-Service Connected Disability Pension	\$	\$	\$	\$
-- Private Disability Insurance	\$	\$	\$	\$
-- Worker's Compensation	\$	\$	\$	\$
-- Retirement Income from Social Security	\$	\$	\$	\$
-- Pension	\$	\$	\$	\$
-- Child Support	\$	\$ 900.00	\$	\$
-- Alimony or Other Spousal Support	\$	\$	\$	\$
-- Unemployment Insurance	\$	\$	\$	\$
-- Other	\$ 500.00	\$	\$	\$

-- EITC	X			
Non-Cash Benefits:				
-- SNAP	X			
-- WIC				
-- LIHEAP	X			
-- Housing Choice Voucher				
-- Public Housing				
-- Permanent Supportive Housing				
-- HUD-VASH				
-- Childcare Voucher				
-- Affordable Care Act Subsidy	X	X		
-- Other	500.00			
TOTAL (Individual Members):	\$ 2,711.43	\$ 1,800.00	\$	\$

TOTAL FAMILY INCOME (All Members): \$ 4,511.43

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. 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.

Finally, I understand that incomplete applications, which do not include all required documents listed under the Application Checklist will not be reviewed and will not be eligible for the CSBG Scholarship Program. I understand that there are no exceptions to this policy.

Katherine Smith

(Signature of Applicant)

16/04/19

(Date)

(Signature of Parent/Guardian)

(Date)

Chicago Department of Family and Support Services (CDFSS)
2019 CSBG SCHOLARSHIP PROGRAM

Personal Essay

Please write an essay (**300 words minimum**) on one of the topics 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 you will be disqualified.

- ☐ 1. Growing up, you were probably asked, "What do you want to be when you grow up?" Now seeking education beyond high school, you are asked, "What's your major?" or "What are you taking?" Essentially, they are all the same question. Please describe not only your chosen profession but also the character traits that you need to possess or develop particularly for that profession.
- ☐ 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

Provide one letter of recommendation. The writer of the letter of recommendation may come from your school, work, extra-curricular or church/house of worship activity environments. The recommendation must be on the letterhead of the agency, business, church or school 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.

Chicago Department of Family and Support Services (CDFSS)
2019 CSBG SCHOLARSHIP PROGRAM

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

CDFSS 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 2019 CSBG Scholarship.

Release of Information (Valid for the Fall 2019 Term)

I consent that the school that I am currently attending may release financial aid information to the Chicago Department of Family and Support Services (CDFSS) to include the total dollar amount of my student loans and total dollar amount of scholarships received. I consent that the school that I am currently attending may release admissions/registrar information to the Chicago Department of Family and Support Services (CDFSS) to include overall student standing, most recent grades, GPA, and anticipated date of graduation.

Acceptance Agreement

I agree to complete and return a short survey that will be emailed or mailed to me after this current semester/quarter. In addition, I agree to submit a transcript of my Fall 2019 grades to the CSBG Scholarship Program.

Applicant Name *(please print legibly)*

Social Security Number

Email Address *(please print legibly)*

School ID 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: _____

Chicago Department of Family and Support Services (CDFSS)
2019 CSBG SCHOLARSHIP PROGRAM

NO IDENTIFICATION AFFIDAVIT

(For family/household members other than the applicant)
Scholarship applicants must submit a copy of their driver's license or state ID

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

Name (Print): _____ Date: _____

Address: _____

City & State: _____ Zip Code: _____

Choose applicable statements below then sign and date affidavit. In addition, have a witness print their name then 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 2019 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 2019 CSBG SCHOLARSHIP APPLICATION
Please note: Scholarship applicants must submit a copy of their driver's license or state ID

SIGNATURE: _____ DATE: _____

WITNESS (PRINT NAME) _____ DATE: _____

WITNESS (SIGNATURE) _____ DATE: _____

This form must be witnessed. Anyone who knows the applicant may be the witness.

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: _____

Chicago Department of Family and Support Services (CDFSS)
2019 CSBG SCHOLARSHIP PROGRAM

NO INCOME / NO PROOF OF INCOME AFFIDAVIT

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

Name (Print): _____ Date: _____

Address: _____

City & State: _____ 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 or attach a supporting letter as to 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: _____

This form must be witnessed. Anyone who knows the applicant may be the witness.

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)

2019 CSBG Scholarship Application

NO INCOME AFFIDAVIT

Attach "Letter of Support" (if required)

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: _____

Chicago Department of Family and Support Services (CDFSS)
2019 CSBG SCHOLARSHIP PROGRAM

Application Checklist

Please review package to ensure that the following documentation has been included:

1. CSBG Scholarship Application (5 pages includes Family/Household Members Part I and Part II.)
2. Income for last 3 months (March 1, 2019 through May 31, 2019) 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.
3. Legible copy of all family members' Illinois driver's licenses or Illinois state I.D.
(*Pictures from phones or cameras are not acceptable*)
4. Legible copy of social security cards for all family members (includes infants and children).
(*Pictures from phones or cameras are not acceptable*)
5. 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.
6. Most recent transcripts with grade point average (GPA) or graduate equivalency degree (GED) with test scores.
7. Acceptance Letter from school attending the Fall of 2019 (not required if currently attending) or explanation as to why acceptance letter is not included.
8. Minimum 300-word essay. If you were awarded a scholarship with an essay previously submitted, you must submit a different essay or you will be disqualified.
9. Letter of Recommendation. The writer of the letter of recommendation may come from school, work, extra-curricular or church/house of worship activity environments. The recommendation must be on the letterhead of the agency, business, church or school and signed by the endorser.
10. Release of Information Form. This form must be completed in its entirety, signed and dated.

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 5-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:

Chicago Department of Family and Support Services
2019 CSBG Scholarship Program
ATTN: Jenny Schuler
1615 W. Chicago Avenue, 2nd Floor
Chicago, IL 60622

APPLICATIONS ARE DUE IN THE OFFICE LISTED ABOVE
NO LATER THAN 5:00 PM on FRIDAY, JUNE 14, 2019
If you have any questions, please call 312-746-7291

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL NOT BE ELIGIBLE
FOR THE 2019 CSBG SCHOLARSHIP PROGRAM.