

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 Income):				
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 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	34	N	N	W	College 3
	Example: Smith, Joseph A.	Son	101-12-1314	12-20-2009	8	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; "NHOPI" – 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

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 Smith		
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	X	X		
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				
-- Other				
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.

_____/5/12/20_____/_____/_____/_____
 (Signature of Applicant) (Date) (Signature of Parent/Guardian) (Date)