

Chicago
Department of
Family & Support
Services

COMMUNITY SERVICES BLOCK GRANT (CSBG)

2011

CSBG Scholarship Application

NEW 2011 INCOME GUIDELINES

Application due Wednesday, June 8, 2011
No later than 5:00 p.m.

Mail or deliver to:

Chicago Department of Family & Support Services
2010 CSBG Scholarship Program
ATTN: Jenny Schuler
1615 W. Chicago Avenue, 3rd Floor
Chicago, IL 60622
(312) 746-7291

DFSS will be hosting two webinars on Tuesday, May 3 and Tuesday, May 17. In order to be placed on the Notification List to register for the "2011 CSBG Scholarship Application – An Overview" webinar, please email your name and email address **as soon as possible** to jennyschuler@cityofchicago.org.



Mary Ellen Caron, Ph.D.
Commissioner



City of Chicago
Richard M. Daley
Mayor



ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

APPLICATION INSTRUCTIONS

Read instructions thoroughly before completing and submitting the application. Answer ALL information 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 if you are: 1) not 18 years of age or older; and 2) not self-supporting.

Provide and complete Affidavit as necessary. Affidavits are used when a statement of fact is required. A "No Identification/No Income Affidavit" is included as the last page to this application packet. A parent or guardian must also sign Affidavit if applicant is: 1) not 18 years of age or older; and 2) not self-supporting.

Include Name, Social Security Number, and Birth Date on all additional documents/pages submitted.

Application is due no later than Wednesday, June 8, 2011 no later than 5:00 p.m. at the Chicago Department of Family and Support Services, 2011 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).
3. Proof of family income (for last three months or 13 weeks – March 1, 2011 through May 31, 2011): Check stubs 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 are required to provide income documentation or provide a "No Identification/No Income Affidavit". The "No Identification/No Income Affidavit" must be witnessed. Anyone that 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 confirming 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 Driver's License or State ID. Copies must be legible.
6. Copy of Social Security card.
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 2) not self-supporting.
8. Minimum 200-word essay.

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

2011 CSBG Scholarship Program

You are eligible to apply for the 2011 CSBG Scholarship if you meet the following requirements:

- Enrolled on a **full-time** basis in an educational/vocational institution by September 15, 2011.
- Enrolled in a tuition-based Illinois institution of higher education or vocational training school.
- Resident of the City of Chicago.
- Income-eligible and provide proof of income for 3 months (13 weeks) (see table below).

ANNUAL MAXIMUM INCOME LEVELS PER FAMILY SIZE*			
Family of 1- \$13,538	Family of 2- \$18,213	Family of 3- \$22,888	Family of 4- \$27,563
Family of 5- \$32,238	Family of 6- \$36,913	Family of 7- \$41,588	Family of 8- \$46,263
* Yearly amounts are increased by \$4,675 for each additional member.			

Scholarship Awards are based on the following criteria:

- Quality of the completed application (information requests provided and documents attached)
- Grade Point Average
- One Personal Essay

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 the week of August 8, 2010.

Other Application Information:

Affidavits are used when a statement of fact is necessary. A "No Identification/No Income Affidavit" is included as the last page 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 members as necessary.

DFSS will be hosting two webinars on Tuesday, May 3 and Tuesday, May 17. In order to be placed on the Notification List to register for the "2011 CSBG Scholarship Application – An Overview" webinar, please email your name and email address as soon as possible to jennyschuler@cityofchicago.org.

Applications and supplemental documentation must be received in this office on or before Wednesday, June 8, 2011 no later than 5:00 p.m. addressed as follows:

Chicago Department of Family and Support Services
2011 CSBG Scholarship Program
ATTN: Jenny Schuler
1615 W. Chicago Avenue -- 3rd Floor
Chicago, IL 60622
Call (312) 746-7291 with any questions.

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

2011 CSBG Scholarship Application

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

in _____, Illinois during the 2011 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: _____	
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
Income Source (check all applicable):	
<input type="checkbox"/> Employment Only <input type="checkbox"/> Earnfare (General Assistance)	<input type="checkbox"/> Alimony/Child Support
<input type="checkbox"/> Pension <input type="checkbox"/> Social Security	<input type="checkbox"/> Other: _____
<input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> No Source of Income ¹
<input type="checkbox"/> SSI/P3 <input type="checkbox"/> SSDI (Disabled)	<input type="checkbox"/> Employment plus any source above
¹ A "No Identification/No 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 (other than the applicant) 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 household (Page 1 of 2)

	Name (Last, First, MI)	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)
1												
2												
3												
4												
5												
6												
7												
8												
9												

- (1) If Applicant is not Head of Household, please designate one family member listed below as the Head of Household (HoH).
- (2) Every family member 18 years of age or older must provide Proof of Income for 3 months (13 weeks) or complete a "No Identification/No Income Affidavit."
- (3) If Disabled, please provide name of family member and specify the type of disability in the space provided below:

- (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 L evel of Education Completed

FAMILY COMPOSITION DETAIL – For all members 18 years old or older living within the household (Page 2 of 2)

For all household members 18 years old or older living within the household, print full name and place an “X” under any relevant column pertaining to that individual. For example, Smith, Suzie Q. has “No Proof of ID”. In this case an “X” would be placed under the No Proof of ID column across from her name. The Head of Household’s signature is required.

	Name (Last, First, MI)	NO INCOME	NO PROOF OF INCOME	NO ID	NO PROOF OF ID	NO SOCIAL SECURITY NUMBER	NO PROOF OF SOCIAL SECURITY NUMBER
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

HEAD OF HOUSEHOLD SIGNATURE: _____

INDIVIDUAL FAMILY GROSS INCOME INFORMATION (March 1 through May 31): For those family members 18 years of age or older as noted in the Family Composition Detail chart on the previous page, please complete the following chart.

Name of Family Member	Total March 1 through May 31 Gross Income	Source of Income	Employer
Example: Sally Jones	\$2,500	Wages	XYZ Corp.

TOTAL FAMILY INCOME: \$ _____

COMBINED FAMILY GROSS INCOME INFORMATION (March 1 through May 31): Please distribute the Total Family Income to the appropriate source of income below. For example, if there were no other family members 18 years of age or older with a source of income, the Total Family Income would be \$2,500 and Sally Jones' income of \$2,500 would be noted in Section A "Wages" below.

A. Wages/Salaries/Self-Employed	\$	Applicants who are not self-supporting must include parent(s) and/or guardian(s) income sources as noted in Lines "A" through "K".
B. Alimony/Child Support		
C. Social Security	\$	
D. SSDI (Disabled)		
E. Unemployment Insurance	\$	
F. Earnfare (General Assistance)	\$	
G. TANF	\$	
H. SSI/P3	\$	
I. Pension	\$	
J. Other	\$	
K. No Source of 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 not self-supporting.

_____/_____
(Signature of Student) (Date)

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

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

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PERSONAL ESSAY

Please write an essay (**200 words minimum**) on a topic of your choice or 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 with your name, social security number, and birth date identified.

- 1. Describe and evaluate a significant experience, risk you have taken, or ethical dilemma you have faced and its impact on you.
- 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. A variety of academic interests, personal perspectives, and life experiences adds to the learning experience of others. Given your personal background, describe an experience that illustrates the diversity you would bring to a community of learning.
- 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. Topic of your choice.

Guidance for Essay

Please take the time to carefully read and consider the topics provided. Select one of these topics or a topic of your choice and write a personal essay that fulfills the minimum word requirement.

By choosing a topic that you can *describe, evaluate, discuss or explain* that is **important to you, influenced you or has had an impact on you in some way**, you will find that the 200 word minimum requirement is easily met.

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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 2011 CSBG Scholarship

RELEASE OF INFORMATION VALID FOR THE 2011 FALL TERM

I agree to complete and return a short survey that will be mailed to me in a stamped envelope 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 2) not self-supporting.

Parent/Guardian
Signature: _____

Date: _____

**COMMUNITY SERVICES BLOCK GRANT (CSBG)
2011 CSBG SCHOLARSHIP APPLICATION
NO IDENTIFICATION / NO INCOME AFFIDAVIT**

DATE _____

NAME (PRINT) _____

ADDRESS _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____

PLEASE CHECK ONE OF THE FOLLOWING IF SOCIAL SECURITY CARD AND/OR SOCIAL SECURITY NUMBER ARE NOT PROVIDED:

- I DO NOT HAVE A SOCIAL SECURITY CARD WITH ME TODAY
- I REFUSE TO PROVIDE MY SOCIAL SECURITY NUMBER
- I CANNOT RECALL MY SOCIAL SECURITY NUMBER
- I DO NOT HAVE A SOCIAL SECURITY CARD

**NO
IDENTIFICATION**

- I HEREBY CERTIFY THAT I HAVE NO IDENTIFICATION
- I HEREBY CERTIFY THAT I HAVE NO PROOF OF IDENTIFICATION

Choose statement below:

**NO
INCOME**

- I HEREBY CERTIFY THAT I HAVE NO INCOME - Indicate **each** month and \$0 for period with no income

0 - 30 Days

31 - 60 Days

61 - 90 Days

- I HEREBY CERTIFY THAT I HAVE NO PROOF OF INCOME - Indicate **each** month and \$ amount for period with no income documentation

0 - 30 Days

31 - 60 Days

61 - 90 Days

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 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

