

SCHOLARSHIP APPLICATION CHECKLIST

All application materials are due on or before 4:30 PM on Friday, May 3, 2024 to:

**Regional Planning Commission
Attention: Rhonda Turner, CSBG Scholarship Program
1776 E. Washington Street
Urbana, IL 61802**

Please take a moment to review your application and make sure you have completed the following:

- Entire application (pages 4 – 9) is **complete**.
- Appropriate copy of tax return or letter explaining why you did not file and supporting documents attached.
- Income Eligibility Affidavit (page 9) attached.
- Letter(s) of recommendation attached.
- An official transcript sent to Rhonda Turner at the above address.
- Essay completed as described on page 7.
- Secondary review.** We strongly encourage applicants to have additional individual(s) review the entire application for completeness.

NOTE: Incomplete applications will not be eligible for review by the CSBG Scholarship Program Coordinator.

CHAMPAIGN COUNTY COMMUNITY SERVICES BLOCK GRANT
2020-2021 Regional Planning Commission – Community Services Division
1776 E. Washington Street, Urbana, IL 61802
Phone 217-328-3313 • Fax 217-328-2426

2024 - 2025 Academic Year Requirements and Application Packet

Requirements

For your application to be considered, six restrictions apply:

1. Your household must have an annual income at or below 200% of the PY2024 Federal Poverty Guidelines issued by the US Department of Health and Human Services. A copy of PY2024 Federal Poverty Guidelines appears below.

Size of family unit	200 Percent of Poverty Income range
1	\$0 to \$30,120.
2	\$29,161 to \$40,880.
3	\$39,441 to \$51,640.
4	\$49,721 to \$62,400.
5	\$60,001 to \$73,160.
6	\$70,281 to \$83,920.
7	\$80,561 to \$94,680.
8	\$90,841 to \$105,440.

For families/households with more than 8 persons at 200% of poverty, yearly amounts are increased by \$5,380.00 for each additional member.

2. The scholarship applicant must have proven performance capabilities as indicated by past grade reports, work records, letters of recommendation, etc. The cumulative high school grade point average must be a 3.0 or higher (on a 4.0 scale). If the applicant has already taken post-secondary classes for credit, the cumulative post-secondary grade point average must be a 2.0 or higher (on a 4.0 scale).
3. The applicant must be a permanent resident of Champaign County.
4. The applicant's selected vocational or technical school, junior college, community college, or four-year college or university must be in Illinois.
5. The applicant must be a full-time student (typically over 12 credit hours per semester) at the time of application.
6. If the applicant has already completed a bachelor's degree, they are **not eligible** for this scholarship.

****** Scholarship recipients are selected by the Scholarship Committee of the Community Services Board. Recipients are chosen based upon the above criteria as well as other application materials including student essay and recommendations. The CSBG Scholarship may be renewed for continued undergraduate study. For further funding, recipients must reapply each academic year. All restrictions still apply and all requirements must be met.***

Instructions:

Microsoft Word and Adobe Acrobat versions of the application forms are available on-line at: https://www.ccrpc.org/divisions/community_services/csbg_scholarships.php

1. Complete the application for the Scholarship Program of the Champaign County Community Service Block Grant. Return pages 3 through 9.
2. Income Documentation:
 - If you are a self-supporting applicant, please include a copy of your 2023 (If not yet filed please submit 2022) Federal income tax return with the application.
 - If you are a dependent, please include a copy of your parent's or guardian's 2023 (If not yet filed please submit 2022) Federal income tax return.
 - If you were not required to file Federal taxes, attach a letter explaining why you were not required and documentation such as a GI Bill, SSI annual statement, or other proof of income.
 - You must return your income documentation (tax forms or letter and supporting documentation) along with the Income Eligibility Affidavit (page 8 of the application).
3. With the application, please include a personal and/or academic letter of recommendation from an unrelated individual.
4. Request that your high school or post-secondary school (if you have already taken courses for credit) mail a copy of your official **transcript** to Rhonda Turner, Scholarship Coordinator at the Champaign County Regional Planning Commission (address below).
5. **All application materials are due on or before 4:30pm on Friday, May 3, 2024 to:**

**Regional Planning Commission
Attention: Rhonda Turner,
CSBG Scholarship Program
1776 E. Washington Street
Urbana, Illinois 61802**

Regional Planning Commission – Community Services Division
1776 E. Washington Street, Urbana, IL 61802
Phone: 217-323-3313 / Fax: 217-328-2426

SCHOLARSHIP APPLICATION

PART A: STUDENT INFORMATION:

Applicant Legal Name: _____
Mailing Address: _____ City _____, Illinois ZIP _____
Phone Number: _____ Email Address: _____
Social Security Number _____ Date of Birth _____

RACE: American Indian African American Asian White Other
ETHNICITY: Hispanic/Latino Non-Hispanic/Latino
GENDER: Male Female Other

PART B: ACADEMIC INFORMATION:

Please request that your high school or post-secondary school (if you have already taken courses for credit) mail a copy of your official **transcript** to Rhonda Turner, CSBG Scholarship Coordinator, Regional Planning Commission, 1776 E. Washington Street, Urbana, IL 61802.

List all schools that you have attended (*High School, Apprenticeship Programs, College, Universities, etc.*)

Name of Institution	City, State	Dates of Attendance (to/from)	Did you graduate? (yes/no)	Diploma, GED, Certificate, Major/Minor

What school do you plan to attend for the Fall of 2024? _____

Will you be enrolled as a full-time student (12 or more credit hours) during the Fall 2024 Semester? YES NO

What is your estimated date of graduation? _____

PART C: FAMILY BACKGROUND INFORMATION:

How long have you lived in Champaign County? _____Years_____Months

Applicant’s Marital Status?

Single Married Separated Divorced Widowed

If Married,

Spouse’s Name: _____ Spouse’s Occupation: _____

Number of Dependents: _____ Ages of Dependents: _____

Does one or more of the following contribute to your financial support? *(list as many as apply)*

- Mother: Name: _____ Occupation: _____
- Father: Name: _____ Occupation: _____
- Guardian: Name: _____ Occupation: _____
- Grandparent: Name: _____ Occupation: _____
- Independent – Student is financially independent from parents, guardians, and/or relatives

*If you marked **Independent** above and are **not** claimed as a dependent on anyone else’s tax return, please skip to Applicant’s **Financial Information** section below.*

PARENT’S MARITAL STATUS:

Single Married Separated Divorced Widowed

Did your Parent(s)/Guardian, listed above, file as Head of Household? Yes No

How many people live in your household? _____

Were you claimed as a dependent on this person’s 2023 IRS Tax Yes No

Return? If no, please explain: _____

PART D: APPLICANT’S FINANCIAL INFORMATION:

- Please include a copy of your 2023 (if not yet filed, submit 2022) Federal Income Tax Return with this application.
- If you are a dependent, please include a copy of your parent’s or guardian’s 2023 (if not yet filed, submit 2022) Federal Income Tax Return.
- If you were not required to file Federal taxes, attach a letter explaining why you were not required and include documentation such as a GI Bill, SSI annual statement, or other proof of income.
- You must return your income documentation (tax forms or letter and supporting documentation) along with the Income Eligibility Affidavit (**page 9 of the application**).

PART E: APPLICANT’S EDUCATIONAL FUNDING RESOURCES:

Please list monetary awards and/or tuition scholarships you have applied for or have been awarded.

Name/Description	Applied? Awarded?	Amount
Pell Grant		
Illinois State Scholarship		

PART F: EMPLOYMENT INFORMATION:

I am not working at this time. If you checked this box, please go to **PART G: PERSONAL ESSAY**

Employer: _____ Supervisor: _____

Address: _____ Job Title: _____

City, State, Zip _____ Phone Number: _____

Hours worked per week: _____ Hourly Wage: _____ Health Insurance: Yes No

Do you plan to continue working with this employer during the academic school year? Yes No

Excluding your current employer listed above, please list all jobs held during the past two years:

Employer/Address	Job Title	Dates of Employment	Hours/Week

PART G: PERSONAL ESSAY

In 300 words or less, prepare an essay addressing the following five areas. Be sure to use correct grammar, spelling, and punctuation. You may use the area below or attach your essay to your application packet.

1. Describe the post-secondary course of study that you are pursuing and the career/job that you hope to obtain.
2. Describe why you chose this career.
3. Describe volunteer opportunities, leadership, and or extracurricular activities in which you have participated.
4. Explain your personal achievement(s) that have made you proud.
5. Explain “why” receiving this award is so important to you.

Start Here:

Please include at least one but no more than three letters of recommendation from individuals who are not related to you. (i.e.; teacher, clergy, supervisor, etc.) **Attach these letters to your Application Packet.**

PART I: STATEMENT OF EDUCATIONAL PURPOSE

The undersigned certifies and affirms that:

Funds received from the Champaign County Community Services Block Grant Scholarship Program will be solely used for expenses incurred at an Illinois school related to the pursuit of an institution-defined full course of post-secondary study leading to a career field. I understand that I am responsible for repaying any funds that I receive which cannot reasonably be attributed to assist in meeting my educational expenses related to attendance at the institution.

To the best of my knowledge, I have provided Champaign County with complete and accurate information on this application concerning all other financial assistance I have received. I agree to report promptly the receipt of other awards or changes in my financial status. I understand that if I fail to provide complete information, all or part of my financial assistance from the Champaign County Regional Planning Commission may be withdrawn, and I may be required to repay all or part of the money I have received from Champaign County.

I understand that confidential information will be maintained in locked file cabinets and / or password protected databases that may be shared with funding sources.

If awarded a scholarship, I understand that names of scholarship recipients will be released to area media.

If awarded a scholarship, I understand that I will receive case management services from the Regional Planning Commission.

I give my permission for educational institutions to release my academic and financial records to Champaign County Regional Planning Commission in consideration of receiving and continuing financial assistance.

I understand that questions, comments, concerns and appeals should be directed to the CSBG Scholarship Coordinator at the Champaign County Regional Planning Commission.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Applicant

Date

Funding for this program is made available through the Illinois Department of Commerce and Community Affairs.

PART J: INCOME ELIGIBILITY AFFIDAVIT

INDEPENDENT STUDENT

- I am an independent student who is not claimed as a dependent on anyone else’s tax forms. Attached to this affidavit is a copy of my most recent Federal Tax Return.
- I am an independent student who is not claimed as a dependent on anyone else’s tax forms. I am not required to file a Federal Tax Return. Attached to this affidavit is an explanation of why I am not required to file federal taxes and documentation such as a GI Bill, SSI annual statement or other proof of income.

DEPENDENT STUDENT

- I am a dependent student and claimed on someone else’s Federal Tax Return. Attached to this affidavit is a copy of the most recent Federal Tax Return filed by my Parent(s) / Guardian.
- I am a dependent student who is supported by Parent(s) / Guardians who were not required to file a Federal Tax Return. Attached to this affidavit is an explanation of why my Parent(s) / Guardian was not required to file federal taxes and documentation such as a GI Bill, SSI annual statement, or other proof of income.

Signature of Applicant

Date

If Applicant is under the age of 18, parent/guardian signature is required:

Signature of Parent or Guardian

Date