

## SCHOLARSHIP APPLICATION CHECKLIST

All application materials are due on or before 4:30 PM on Wednesday, March 31, 2021 to:

Regional Planning Commission  
Attention: Tina Withers, 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 Tina Withers 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 217-819-4057 • Fax 217-328-2426

## 2020 - 2021 Academic Year Requirements and Application Packet

### Requirements

***For your application to be considered, six restrictions apply.***

1. You must have an annual income at or below 200% of the PY2020 Federal Poverty Guidelines issued by the US Department of Health and Human Services. A copy of PY2020 Federal Poverty Guidelines appears below.

Size of family unit	200 Percent of Poverty Income range
1	\$0 to \$25,520.
2	\$25,521 to \$34,480.
3	\$34,481 to \$43,440.
4	\$43,441 to \$52,400.
5	\$52,401 to \$61,360.
6	\$61,361 to \$70,320.
7	\$70,321 to \$79,280.
8	\$79,281 to \$88,240.

For families/households with more than 8 persons at 200% of poverty, yearly amounts are increased by \$5,600. for each additional member.

2. You must have proven performance capabilities as indicated by past grade reports, work records, letters of recommendation, etc. More specifically, if you have no post-secondary experience, your cumulative high school grade point average must be a 3.0 or higher (on a 4.0 scale). If you have already taken post-secondary classes for credit, your cumulative post-secondary grade point average must be a 2.0 or higher (on a 4.0 scale).
3. You must be a permanent resident of Champaign County.
4. Your selected vocational or technical school, junior college, community college, or four-year college or university must be in Illinois.
5. You must be a full-time student (typically over 12 credit hours per semester).
6. If you have already completed a bachelor's degree you 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 online at <https://ccrpc.org/documents/csbq-scholarship-application/>

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 2020 (If not yet filed please submit 2019) Federal income tax return with the application.
  - If you are a dependent, please include a copy of your parent's or guardian's 2020 (If not yet filed please submit 2019) 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 Tina Withers, Scholarship Coordinator at the Champaign County Regional Planning Commission (address below).
5. **All application materials are due on or before 4:30 p.m. on Wednesday, March 31, 2020 to:**

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

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Regional Planning Commission – Community Services Division

1776 E. Washington Street, Urbana, IL 61802

Phone: 217-819-4057 / 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 Tina Withers, 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 2021? \_\_\_\_\_

Will you be enrolled as a full-time student (12 or more credit hours) during the Fall 2021 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 2020 IRS Tax Return? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

**PART D: APPLICANT’S FINANCIAL INFORMATION:**

- Please include a copy of your 2020 (if not yet filed, submit 2019) Federal Income Tax Return with this application.
- If you are a dependent, please include a copy of your parent’s or guardian’s 2020 (if not yet filed, submit 2019) 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

**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.

**PART H: LETTERS OF RECOMMENDATION**

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*