ST. CLAIR COUNTY
COMMUNITY ACTION AGENCY
2025 SCHOLARSHIP PROGRAM

SCHOLARSHIPS ARE AVAILABLE FOR ST. CLAIR COUNTY RESIDENTS

APPLICATION DEADLINE: JULY 1, 2025 BY 4:00 P.M.

THIS PROGRAM IS FUNDED BY THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY THROUGH THE COMMUNITY SERVICES BLOCK GRANT PROGRAM (CSBG), IN ACCORDANCE WITH FEDERAL RULES AND THE ILLINOIS ECOMONIC OPPORTUNITY ACT.

Background

The Community Services Block Grant (CSBG) Program was created by the federal Omnibus Budget Reconciliation Act of 1981. The CSBG Program is designed to provide a range of services that assist low-income people to attain skills, knowledge and motivation necessary to achieve self-sufficiency.

The Illinois Department of Commerce and Economic Opportunity administer the CSBG Programs in accordance with federal rules and the Illinois Economic Opportunity Act. In its administration, the department places equal emphasis on self-sufficiency efforts and providing relief for the immediate needs of low income.

As a result of CSBG funding the St. Clair County Intergovernmental Grants Department/Community Action Agency administers this Scholarship Program. This program provides scholarships to **eligible residents** of St. Clair County who desire to continue their educational endeavors and demonstrate financial need.

Awards

Each recipient will receive a $1,000 to $4,000.00 scholarship to be applied toward educational expenses. Special consideration will be given to students in high growth occupations and disadvantaged persons of high academic attainment or potential; and preference will be given to applicants of racial or ethnic minorities. Awards will be disbursed directly to the college or university.

Eligibility

To be considered the parent, guardian, or applicant must meet all of the following criteria:

- Graduating high school senior or adult enrolled in undergraduate studies or occupational training at an accredited two- or four-year college or university for the Fall 2025 academic semester.
- Full-time online coursework for the Fall 2025 academic semester.
- Applicant must be enrolled in courses for a minimum of 12 credit hours for the Fall 2025 semester.
- Resident of St. Clair County.
- Possess a minimum cumulative G.P.A of 2.5 on a 4.0 scale.
- Household must meet the federal income guidelines.

HOUSEHOLD INCOME GUIDELINES

200% of Federal Poverty

INCOME GUIDELINES ARE SUBJECT TO CHANGE

# Of People Living in Household	Gross Income for **30 days** Prior to Application Date
1	$2,608
2	$3,525
3	$4,442
4	$5,358
5	$6,275
6	$7,192
7	$8,108
8	$9,025

For each additional person add **$916 monthly**

Guidelines effective January 12, 2025 and are subject to change.

Instructions:
Please read carefully - *applications are considered incomplete without the following information*.

- Applicant must be a resident of St. Clair County.
- **Falsification of income or any documents will automatically disqualify the applicant.**
- A completed application, signed by the head of household or applicant if head of household.
- The **head of household** must sign the enclosed St. Clair County IGD Applicant Disclosure Form.
- **Valid** Illinois Driver's License or State I.D. for head of household and applicant.
- Social security cards for **all** household members.
- Medical card, if applicable.
- **Head of household's** proof of **residency** (current lease and occupancy permit or mortgage statement and proof of paid taxes)
- Proof of your family's total income for **30 days** prior to the date of application (The application date is the day the application is submitted to the agency. For Example: **30-day income** required is from **June 2, 2025 – July 2, 2025**). If household members age 18 and over have no income, they must present a current **Illinois Job Link Profile** from the Illinois Department of Employment Securities (IDES) Office **(with current activity for job searches) OR** provide a **current school schedule**. Household members over the age of 18 who do not have any income must complete an **Income Affidavit** at the office.
- **150-300** word essay about your background and educational endeavors and how this scholarship will help you meet your goals (handwritten essays are unacceptable).
- **Two (2)** letters of recommendation; one from a professional educator or professional employer on letterhead, **and** one personal recommendation.
- **Fall** semester class schedule or letter from school reflecting enrollment for a minimum of 12 credit hours.
- **Current 2024-2025 Federal Student Aid Report** (The FSAR report is the processed Free Application for Federal Student Aid (FAFSA) results; to file for FAFSA go to www.fafsa.ed.gov/index.htm).
- College students must provide a current **official** transcript.
- High school graduates must provide an **official** high school transcript.
- Students with a GED must provide an **official** copy of the GED scores.
- First-time students must attach a letter of acceptance from an accredited Illinois educational institution.
- Please forward completed applications with required documentation to **St. Clair County Community Action Agency, 19 Public Square, Suite 200, Belleville, IL. 62220-1624, ATTN: CSBG Scholarship Program**

College Information:

College/University Name: _____

City/State: _____

Intended Major: _____

Anticipated Graduation date/year: _____

Education Status: ___ Freshman ___Sophomore ___Junior ___Senior (Please check one)

Estimated College Expense:

Tuition $_____ Books $_____ Supplies $_____ Fees: $_____ Other $_____

Are you currently enrolled in a Workforce Investment Act (WIA) sponsored program? Please circle one: Yes / No

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Selection Criteria and Notification Process

Awards will be based on the information provided on the application form, the personal essay, academic performance and demonstrated financial need. Eligible applicants may be interviewed by the Ad Hoc Scholarship Committee and notified by mail of the Ad Hoc Scholarship Committee's decision.

DISCLAIMER:
ST. CLAIR COUNTY INTERGOVERNMENTAL GRANTS DEPARTMENT EMPLOYEES, AFFILIATE GOVERNMENTAL AND COMMUNITY BASED INSTITUTIONS AND MEMBERS OF THEIR IMMEDIATE FAMILY (PARENT, CHILD, SPOUSE, SIBLINGS, AND THEIR RESPECTIVE SPOUSES, REGARDLESS OF WHERE THEY RESIDE, OR A PERSON LIVING IN THE SAME HOUSEHOLD, WHETHER OR NOT RELATED) ARE INELIGIBLE TO PARTICIPATE.

ST. CLAIR COUNTY
COMMUNITY ACTION AGENCY

PEOPLE HELPING PEOPLE

19 Public Square • Suite 200 • Belleville, Illinois 62220-1624 • 618.277.6790 • 618.825.3269 Fax

Dear Scholarship Applicant:

To expedite the application process, St. Clair County Community Action Agency has outlined bullet points that will aid you in completing the scholarship application.

- Please check income guidelines in the application to determine income eligibility.
- Read the application thoroughly to ensure proper completion. ***Incomplete applications will not be considered*.**
- All applicants must provide proof of income for all household members. The income must be for thirty **(30) days prior** to the date the application is submitted.
- Household members **18 years of age or older with no income** during the 30 day time period must submit a current **Illinois Job Link Profile** from the Illinois Department of Employment Security (IDES) Office **(with current activity for job searches)** or provide a **current school schedule.**
- If you have **more than five members** in your household, please request an additional intake form or make extra copies.
- The application must be signed by the head of household; if the student is the head of household then the student must sign the application.
- The head of household must sign the St. Clair County IGD Applicant Disclosure Form.
- Please submit the completed application **by July 1, 2025,** to:

St. Clair County Community Action Agency
19 Public Square Suite 200
Belleville, IL 62220-1624
Attn: CSBG Scholarship Program

*** INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED***

Please remember applicants selected for scholarship consideration **may be interviewed** by the Ad Hoc Scholarship Committee.

If you have any questions, please contact us at (618) 277-6790 ext. 3276.

Application Date: _____
Household Size: _____
Referred By: _____

St. Clair County Community Action Agency
Scholarship Program
Intake Form-PY2025

Head of Household Demographic Information: See Demographic Key and Income Guidelines below:*

Name: _____ SSN: _____

Relationship: Self _____ D.O.B.: _____

Income Source: _____ Race: _____

30-Day Income Amount: $ _____ Education Level: _____

Family Members: See Demographic Key and Income Guidelines below:*

For additional family members, use additional intake form.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

D.O.B.: _____ D.O.B.: _____

Race: _____ Race: _____

Income Source: _____ Income Source: _____

30-Day Income Amount: $ _____ 30-Day Income Amount: $ _____

Household Information:

Address: _____

City: _____

Zip: _____

Phone: ( ) _____

Is Family Homeless? Yes____ No ____

Does Family Receive Food Stamps? Yes____ No ____

Does Family Have Health Insurance? Yes____ No ____

If Yes, List Insurance Source: _____

Housing Type (Check One)

Rent _____
Amt.$_____
Own _____
Other _____

Marital Status (Check One)

Single _____ Married _____
Divorced _____ Widow(er) ___
Widow(er) _____

Family Type (Check One)

Single Person _____
Single Parent/Female _____
Single Parent/Male _____
Two Parent Household _____
Two Adults/No Children _____

Other (Check One)

Veteran _____
Farmer _____
Seasonal Farmer _____
Migrant Farm Worker _____

Demographic Key

RACE:
- Black
- White
- Hispanic
- American Indian or Alaska Indian
- Asian
- Other (specify)

INCOME SOURCE:
- SSA
- SSDI
- SSI
- TANF
- Employment
- Unemployment
- General Assistance
- Pension
- Other(specify)

EDUCATION LEVEL:
- 0-8
- 9-12
- High School Graduate
- 12+
- College Graduate
- Other(specify)

200% Federal Poverty Income Guidelines

Family Size	30 Day Income
1	$2,510.00
2	$3,407.00
3	$4,303.00
4	$5,200.00
5	$6,097.00
6	$6,993.00
7	$7,890.00
8	$8,787.00

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

APPLICANT STATEMENT: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to 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 to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted**.

Applicant: _____ Date: _____ Staff: _____ Date: _____
Signature Signature

Additional Household Members:* Use Demographic Key on previous page

For additional family members, use additional intake form.

Name:

Relationship:

D.O.B.:

Race:

Income Source:

30-Day Income Amount: $

Name:

Relationship:

D.O.B.:

Race:

Income Source:

30-Day Income Amount: $

Name:

Relationship:

D.O.B.:

Race:

Income Source:

30-Day Income Amount: $

Name:

Relationship:

D.O.B.:

Race:

Income Source:

30-Day Income Amount: $

Name:

Relationship:

D.O.B.:

Race:

Income Source:

30-Day Income Amount: $

Name:

Relationship:

D.O.B.:

Race:

Income Source:

30-Day Income Amount: $

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Income Affidavit

I, _____, attest to the fact that I have received $_____

for the period covering _____ to _____.

I met my financial obligations during this period by:

_____

_____

_____

I understand that to perjure (willfully tell the untruth) **myself in order to obtain assistance is a fraudulent offense, for which I can be prosecuted.**

_____ _____
Signature of Applicant Date

_____ _____
Signature of Staff Date

Rev. 1/22/2014

St. Clair County Intergovernmental Grants Department
Disclosure Form

I_____ attest to the best of my knowledge that:

Please check one

☐ I am not an employee, related to, or have any relationship including being an acquaintance of anyone employed by the St. Clair County Intergovernmental Grants Department.

☐ I am an employee of the St. Clair County Intergovernmental Grants Department.
Division _____

Immediate Supervisor_____

☐ I am related to or have a relationship including being an acquaintance of an employee of the St. Clair County Intergovernmental Grants Department.
Name of employee_____

Relationship to employee_____

☐ I am related to or have a relationship including being an acquaintance of a board member of the St. Clair County Community Action Agency Board.
Name of Board member_____

Relationship to Board member_____

_____ _____
Signature Date Witness Date

I certify that my responses to the above questions are complete and correct to the best of my knowledge. I understand the disclosure of this information may or may not disqualify me for services, nor give me an advantage to any benefit programs within St. Clair County Intergovernmental Grants Department.

Office Use Only

I have reviewed the potential conflict of interest with the above named applicant and determined:
☐ **There is no conflict.**
☐ **A potential conflict exists, and procedures have been implemented to address it.** (See Attachment).

_____ _____
Coordinator/Supervisor Date Grants Committee Member Date

_____ _____
IGD Director Date Grants Committee Member Date

_____ _____
Grants Committee Chairman Date Grants Committee Member Date

_____ _____
Grants Committee Member Date Grants Committee Member Date

_____
Grants Committee Member Date

Revised: Oct. 2013

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Release Form

I, _____, authorize the St. Clair County Intergovernmental Grants Department/Community Action Agency to release my name, city and state that I reside and photograph for media purposes only.

I have read and acknowledged the above statement.

Applicant Signature: _____

Print Name: _____

Date: _____

Parent or Guardian Signature: _____
(If applicable)