

Northwestern Illinois Community Action Agency
SCHOLARSHIP PROGRAM APPLICATION
2019

Please Note: In order for your application to be considered you must:

1. Attach a transcript from your present or last school.
2. Provide proof of your family's gross income for the past **90 days** (letter from Public Aid, copies of checks, wage stubs, child support, etc.) Income documentation must be for all household members.

PERSONAL DATA

Name: _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ U.S. Citizen: YES NO

Social Security Number: _____ Date of Birth: _____

E-Mail Address: _____

Marital Status: Single Married Divorced Widow/Widower

School Presently Attending or Last Attended: _____

Date of Graduation: _____

Extracurricular Activities: _____

HOUSEHOLD MEMBERS AND INCOME DOCUMENTATION

(Family includes anyone related by birth or marriage living in the same household. Note: Once we receive your scholarship application, one of the agency CSBG Outreach/Intake Specialists will contact your family to complete an intake and confirm household income.)

Number in Household: _____

Names and relationship of household members:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

REFERENCES

Please provide the names, relationship, addresses, and telephone numbers of two references (*FAMILY MEMBERS CANNOT ACT AS REFERENCES*). Letters of reference from the persons listed below are also required.

1. Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

2. Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

VOLUNTARY INFORMATION

Please indicate racial/ethnic status:

Black/African American

White

Asian

Native American

Hispanic/Latino

Multi-Racial

Other: _____

AFFIDAVIT

I attest to the fact that the above is an accurate and complete disclosure of the requested information to the best of my knowledge. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted, as is receipt of scholarship money without school attendance. I authorize Northwestern Illinois Community Action Agency to publish my name should I be one of the scholarship recipients selected. I further understand that the final selection of recipients will be the responsibility of the Northwestern Illinois Community Action Agency Board of Directors and that I may be required to provide additional information and that information I have submitted will be verified by Northwestern Illinois Community Action Agency..

Applicant's Signature

Date

Parent/Guardian Signature if Applicant is under 18 years of age

Date

FOR OFFICE USE ONLY: To be completed by Agency personnel

AGENCY VERIFICATION OF INCOME

Wages/Salary	\$ _____
Social Security	\$ _____
Unemployment	\$ _____
TANF/Public Assistance	\$ _____
Child Support	\$ _____
Self-Employment	\$ _____
Pension	\$ _____
SSI/AABD	\$ _____
Interest/Dividends	\$ _____
Other _____	\$ _____
Total 90 Day Income	\$ _____
Total Annual Income	\$ _____

Staff Income Verification: _____ Date: _____

CSBG Intake Verification: _____ Date: _____