



Embarras River Basin Agency, Inc.
Helping People, Changing Lives
Community Action Agency

2019

CSBG Scholarship Application

COMMUNITY SERVICE BLOCK GRANT

Application due Friday, June 14, 2019
No Later than 4:00 p.m.

Please deliver to your nearest Outreach Office

Applications that arrive after June 14, 2019 at 4 p.m. will not be accepted.

Applicants will be notified in writing by August 1, 2019.

Details and registration information are included in the application.

Contact:

Clark County (217) 382-3412, 2 W. Cumberland, Martinsville, IL

Coles County (217) 345-4840, 825 18th St., Charleston, IL

Crawford County (618) 544-8780, 100 Washington, Robinson, IL

Cumberland County (217) 923-3599, 115 S. Kentucky, Greenup, IL

Douglas County (217) 253-4434, 107 W. South Central, Tuscola, IL

Edgar County (217) 465-4911, 502 Shaw Ave, Paris, IL

Jasper County (618) 783-3987, 904 West Jourdan, Newton, IL

Lawrence County (618) 943-2938, 1211 State St., Lawrenceville, IL

Richland County (618) 395-2714/3720, 306 E. Main St., Olney, IL



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COMMUNITY SERVICES BLOCK GRANT (CSBG) 2019 SCHOLARSHIP APPLICANT

We encourage everyone to apply for one of our Community Services Block Grant (CSBG) Scholarships. If you have any questions, please discuss them with the staff at your local ERBA Outreach Office. They will be glad to assist you in any way they can. Please contact your local ERBA office to schedule an appointment to return your completed application, as they will need to go over it with you to make sure everything is included and complete. Incomplete applications will not be considered.

Eligibility Requirements

You are eligible to apply for the 2019 CSBG Scholarship if you meet the following requirements:

- ✓ Meet CSBG income guidelines (see table), provide proof of 90-day income.
- ✓ Enrolled on a **full-time** basis in an educational tuition-based **Illinois** institution of higher education pursuing a degree.
- ✓ Have at least and maintain a C grade point average.
- ✓ Resident in one of ERBA's nine counties.
- ✓ Provide all required documentation.

CSBG INCOME ELIGIBILITY 2019 INCOME GUIDELINES	
FAMILY SIZE	90-DAY INCOME LIMIT
1	\$3,903
2	\$5,284
3	\$6,666
4	\$8,047
5	\$9,428
6	\$10,809
7	\$12,191
8	\$13,572
Family Units of more than 8 add \$1,381 for each additional member on 90-day income.	



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Applicants are **REQUIRED** to submit the following documents with the completed application:

1. Application – completed and signed. Answer ALL data requests in the application. If not applicable, please state “Not Applicable.”
2. Career goals statement (Please Type)
3. One letter of recommendation (Please Type)
4. Proof of family income for the last 90-days (for you and for all family members that live with you)
5. Last semester grades for proof of GPA
6. Letter of Acceptance to Illinois College
7. Fall Class Schedule
8. LEGIBLE copy of applicant’s Illinois Driver’s License or Illinois State ID, (proof of residency if address on ID is not in ERBA county)
9. Social Security cards for all family members

Please check off the items on the list above when you have them ready to include in your scholarship packet.

Use this as a cover page for your application and compile items in the order listed above.

Embarras River Basin Agency, Inc.

2019 CSBG Scholarship Program Application

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

in _____, Illinois during the 2019 School Year.
(City)

Course of Study / Major: _____ GPA (at end of last semester): _____

Check one of the following programs: Undergraduate Program Graduate Program

Enrolled: Full-time or Part-time Expected Graduation: Month _____ Year _____

Personal Information:

Legal Name:

First

Middle

Last

Address:

City:

County:

State: **Illinois**

Zip Code:

Social Security Number:

Date of Birth:

/ /

Age

Cell Phone Number: ()

Home Phone Number: ()

Gender you Identify as:

Race:

Marital Status:

DL#:

Current Level (if in school) or Highest Level of Education Completed:

Number of Related Family Members in your Household:

Number of Family Members attending college during 2019:

Are there any unusual circumstances you would like to explain? Please attach separate sheet.

Are you receiving Financial Assistance from your parents for college expenses?

Financial Analysis:

- **If you were claimed on your parents most recent Federal Income Tax, you must complete all parent information below.**

Father's Name:

Father's Occupation:

Mother's Name:

Mother's Occupation:

Applicant's Name:

Applicant's Occupation:

Spouse's Name:

Spouse's Occupation:

Total Annual Gross Income for ALL Family Members who live with you:

(Submit copies of all family member's Federal Income Tax Forms to document this amount)

Total Gross Income for ALL Family Members for the past 90-Days:

(Submit copies of check stubs, statements from employers, etc. to document this amount)

Do you plan to work while attending school?

Are you currently receiving any scholarship aid or tuition assistance? Explain:

Educational Background: Please give years attended, when graduated, and major (if applicable).

High School:

College(s) / University(s):

Civic Affairs, Goal and Purposes Commitment:

List any school or community activity, awards, organizations, clubs, offices, or honors you would like to bring to the Scholarship Committee's attention:

Career Goals:

Please attach a typed one-page statement, concerning your career goals, the reasons you are interested in that profession and how you feel this scholarship will help you attain your goals.

Scholarship Use:

If approved, how do you plan to utilize the scholarship funds? (Tuition, room & board, supplies, transportation, day-care, etc.) Please explain:

To complete this application, you must submit this application, together with a letter of recommendation (using form provided). Return all supporting documents to your local Embarras River Basin Agency office.

NOTE: If your application is accepted, you will be required to send your semester grades to Carol Tracy, Embarras River Basin Agency, Inc. P.O. Box 307, Greenup, IL 62428. You will also be required to provide long-term follow up information so that we can track the outcome of providing this scholarship to you. You will be provided with a simple form to fill out and return.

I, _____, authorize Embarras River Basin Agency, Inc. to verify any information received from me and to contact any source necessary for verification or additional information and to exchange information contained in or otherwise used regarding my application for assistance. I understand that filling out this application does not guarantee that my household will receive assistance. I also understand that if I am selected to receive a scholarship, my name will appear in the newspaper as a scholarship recipient.

Signatures:

Applicant's Signature:	Date:
Spouse's Signature (If applicable):	Date:
Father's Signature (If applicable):	Date:
Mother's Signature (If applicable):	Date:

**EMBARRAS RIVER BASIN AGENCY, INC.
COMMUNITY SERVICES BLOCK GRANT (CSBG)
SCHOLARSHIP - PERSONAL RECOMMENDATION FORM**

Name of Applicant _____

Please type or print clearly. If space provided is not adequate, please attach a separate page.

1. How long have you known this individual and in what capacity? Is the individual related to you?

2. Describe any knowledge you have of this individual's participation in public affairs and their commitment to future career goals. Include accomplishments, awards, honors, or any other significant information that you believe would be useful to the Scholarship Committee.

3. Are there any significant limitations, (physical, intellectual, and/or emotional) or any extenuating circumstances regarding this individual that the committee should consider?

4. Are you aware of any financial difficulties that this individual's family might face in financing a college education?

_____ Name	_____ Position
_____ Address	_____ Telephone

PLEASE RETURN THIS FORM TO YOUR LOCAL EMBARRAS RIVER BASIN AGENCY OFFICE.