



Illinois
Department of Commerce
& Economic Opportunity

2024 CSBG SCHOLARSHIP APPLICATION

Family Support and Community Engagement (FsACE)

This program is for Suburban Cook County residents ONLY

We are excited to announce the **2024 CSBG Scholarship Program**, an initiative designed to support and recognize outstanding students who are passionate about pursuing their academic and professional goals. This scholarship program is open to all eligible students who demonstrate a commitment to academic excellence, leadership, and community involvement.

CEDA's FsACE program recognizes the importance of investing in the next generation of leaders who will make a positive impact in their chosen fields. We believe that diversity and inclusion are essential components of a thriving industry, and we welcome applications from individuals of all backgrounds and identities. Through this scholarship, we aim to provide students with the financial support and resources they need to pursue their academic and professional aspirations. We encourage all eligible students to apply for the CSBG Scholarship Program and look forward to reviewing your applications.

Application Deadline

Friday, June 14, 2024, by 5:00 p.m.

Mailed, delivered, or postmarked applications that arrive after June 14, 2024 at 5pm will not be accepted.

Please mail or hand-deliver to:

CEDA of Cook County, Inc.
ATTN: 2024 CSBG Scholarship Program
53 E. 154th St.
Harvey, IL 60426

Applications received before June 1, 2024 or after the June 14, 2024 deadline will NOT be accepted.

To learn more, please contact

*Suburban Cook County Residents: (312) 259-4237 or csbgscholarship@cedaorg.net
City of Chicago Residents: (312) 747-0327 or DFSScsbgscholarship@cityofchicago.org*



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Application Instructions

- Read entire application fully before completing
- A sample completed application is available at www.cedaorg.net
- Applicants are **required** to submit the following documents with the completed application:

1. CSBG scholarship application

- Complete the 4-page application that includes the “Family/Household Members Characteristics” parts I and II
- Answer **all** areas in the 4-page application. If not applicable, enter “N/A”
- A parent/guardian must also sign pages of the application if applicant is under 18 years of age

2. Proof of residency

- Only suburban Cook County residents are eligible
- Include a **clear copy** of the Illinois Driver’s License **or** Illinois State ID for the applicant **and** all household members 18 years of age and older

3. Social security cards

- Include a **clear copy** of the social security cards for **all** household/family members including infants and children

4. Proof of household gross income for 30 days – May 1, 2024 through May 31, 2024

- Proof of income required for all family members 18 years of age or older and those younger than 18 receiving an income such as SSI for a medical condition
- Eligibility is determined by **gross income** (before taxes) **not net income** (after taxes). Any income documents sent with the application must show the amount of gross income
- Provide proof of income received between **May 1, 2024 through May 31, 2024**
- Proof of income includes documents such as payroll check receipts, unemployment payment history statements, current Social Security, SSDI, or SSI letter documenting monthly allotment, child support disbursement payment history, etc. or a “No Income/No Proof of Income Affidavit”



Common mistake alert:

When sending proof of income, **use the pay dates (the date money was actually received)** not pay periods (weeks in which the money was earned).

5. Personal essay

- Type an essay with a minimum of 300 words. List of topics to select are included in application.



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Award Selection

Scholarship awards are based on the **total number of points** received by an applicant in two areas:

1. Application completeness: 4-page application and all documents requested
 2. One Personal Essay
- Only colleges and universities located within Illinois are acceptable
 - Scholarship awards can be used for only the fall semester/quarter
 - Allowable costs include tuition, fees, or books
 - Scholarship awards range from \$500 to \$3,000
 - Scholarship award is sent directly to the college or university on the applicant's behalf

PLEASE NOTE: In order to qualify, the applicant must have a balance after all grants and other scholarships are applied. If the applicant does not have a balance, the applicant will not be eligible for the CSBG Scholarship. Final school costs will be requested before a scholarship is awarded.

Award notifications will occur via email the week August 12, 2024 to the email included on the application cover page.

Submission Instructions

Mail or deliver application no later than Friday, June 14, 2024 by 5:00pm to:

CEDA of Cook County, Inc.
ATTN: 2024 CSBG Scholarship Program
53 East 154th Street
Harvey, IL 60426

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL NOT BE ELIGIBLE FOR THE 2024 CSBG SCHOLARSHIP PROGRAM.
NO EXCEPTIONS.

If you have any questions, please call 312-259-4237



NEED HELP COMPLETING YOUR APPLICATION?

A sample completed application is available at www.cedaorg.net

Video conferences will be conducted to provide information on how to complete the scholarship application.

In order to register for a video conference, please email your name as soon as possible to csbgscholarship@cedaog.net.

Participation is not required.



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Application Checklist

See “Application Instructions” for more detailed information.

Please review the package to ensure that the following is included.

- CSBG scholarship application**
(application pages 1-4)
- Proof of household gross income from May 1, 2024 through May 31, 2024**
(for all family members 18 years of age or older and those younger than 18 receiving an income such as SSI for a medical condition)
- Illinois driver’s license or state I.D**
(for all family members 18 years of age and older)
- Social security cards**
(for all family members including infants and children)
- Minimum 300-word essay**

Eligibility Requirements

- Enrolled in school **full-time** by September 15, 2024.
- Enrolled in a college or university located in **Illinois** to obtain an undergraduate or graduate degree. Doctoral degrees are not eligible.
- Resident of **suburban Cook County**.
- **Income eligible** with proof of household gross income for 30 days: May 1, 2024 – May 31, 2024. (see table to the right)

2024 Income Eligibility Guidelines (Gross Income)		
Size of Household	30 Day Income Limit	Annual Income Limit
1	\$2,510.00	\$30,120.00
2	\$3,407.00	\$40,880.00
3	\$4,303.00	\$51,640.00
4	\$5,200.00	\$62,400.00
5	\$6,097.00	\$73,160.00
6	\$6,993.00	\$83,920.00
7	\$7,890.00	\$94,680.00
8	\$8,787.00	\$105,440.00
For each additional person add	\$897.00	\$10,760.00

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART I

Print full name of all family members below and provide requested data.

The scholarship applicant must be included on this page as well.

	Name (First Name, MI, Last Name)	Relationship to Applicant (1)	Social Security Number	Birth Date	Age	Disabling Condition Y/N (2)	Hispanic, Latino or Spanish Origin (Y/N)	Race (3)	Educational Level (4)
	Example: Katherine A. Smith	HOH	123-45-6789	3-19-1986	36	N	N	MR	College 3
1									
2									
3									
4									
5									
6									
7									
8									

Notes/Instructions:

- (1) If Applicant is not Head of Household (HOH), please designate one Family/Household member listed in chart as Head of Household (HOH).

- (2) If noted as having a disabling condition, please provide name of family member and specify the type of disabling condition in the space provided below: *Example: Joseph, Cerebral Palsy*

- (3) Please use the following Code: “B/AA” – Black/African American; “W” – White; “AIAN” – American Indian or Alaska Native; “A” – Asian; “NHOPI” – Native Hawaiian and Other Pacific Islander; “MR” – Multi-race (two or more of the previous; “UNR” – Unknown/not reported

- (4) Current Grade (if in school) or level of education completed

PLEASE COPY FOR ADDITIONAL HOUSEHOLD MEMBERS IF NECESSARY

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART II

Instructions: Print family/household member names at the top, place an “X” for each correct characteristic for that family member. See sample completed application at www.cedaorg.net for an example.

FAMILY/HOUSEHOLD MEMBERS	Member Name	Member Name	Member Name	Member Name	Member Name	Member Name
Print Family Members Names to Right → <i>*The applicant must be included as well*</i> <i>Missing family numbers will result in a deduct of application points, which helps determine award.</i>						
FAMILY INFORMATION						
Gender						
-- Male						
-- Female						
-- Other						
-- Unknown/Not Reported						
Military Status						
-- Veteran						
-- Active Military						
-- Unknown/Not Reported						
-- None						
Work Status						
-- Employed Full-time						
-- Employed Part-time						
-- Migrant Seasonal Farm Worker						
-- Unemployed (Short-Term, 6 months or less)						
-- Unemployed (Long-Term, more than 6 months)						
-- Unemployed (Not in Labor Force)						
-- Retired						
-- None/Student/Child						
Health Insurance Sources:						
-- Medicaid						
-- Medicare						
-- State Children’s Health Ins. Program						
-- State Health Insurance for Adults						
-- Military Health Care						
-- Direct Purchase						
-- Employment Based						
-- None						
Non-Cash Benefits:						
-- SNAP						
-- WIC						
-- LIHEAP						
-- Housing Choice Voucher						
-- Public Housing						
-- Permanent Supportive Housing						
-- HUD-VASH						
-- Childcare Voucher						
-- Affordable Care Act Subsidy						
-- Other						
-- None						

FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART II Continued

FAMILY/HOUSEHOLD MEMBERS

Income Support: (Total from May 1, 2024 to May 31, 2024)

-- Employment	\$	\$	\$	\$	\$	\$
-- TANF (AFDC)	\$	\$	\$	\$	\$	\$
-- Supplemental Insurance Income (SSI)	\$	\$	\$	\$	\$	\$
-- Social Security Disability (SSDI)	\$	\$	\$	\$	\$	\$
-- VA Benefits	\$	\$	\$	\$	\$	\$
-- VA Service-Connected Disability	\$	\$	\$	\$	\$	\$
-- VA Non-Service Disability Pension	\$	\$	\$	\$	\$	\$
-- Private Disability Insurance	\$	\$	\$	\$	\$	\$
-- General Assistance (GA)	\$	\$	\$	\$	\$	\$
-- Worker's Compensation	\$	\$	\$	\$	\$	\$
-- Retirement Income/Social Security	\$	\$	\$	\$	\$	\$
-- Pension	\$	\$	\$	\$	\$	\$
-- Child Support	\$	\$	\$	\$	\$	\$
-- Alimony or Other Spousal Support	\$	\$	\$	\$	\$	\$
-- Unemployment Insurance	\$	\$	\$	\$	\$	\$
-- EITC	\$	\$	\$	\$	\$	\$
-- Other	\$	\$	\$	\$	\$	\$
-- None (if none, indicate \$0)	\$	\$	\$	\$	\$	\$
TOTAL (Individual Members):	\$	\$	\$	\$	\$	\$

TOTAL FAMILY INCOME (All Members): \$

I affirm that the attached essay is an original writing that I have composed. Also, I understand that I am signing a legal document, and that inaccurate disclosure of income to obtain assistance is a fraudulent offense. I certify that the information provided is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to the 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 a parent or guardian must sign this application if I am not 18 years of age or older and/or not self-supporting.

Finally, I understand that incomplete applications, which do not include all required documents listed under the Application Checklist will not be reviewed and will not be eligible for the CSBG Scholarship Program. I understand that there are no exceptions to this policy.

_____/_____
 (Signature of Applicant) (Date) _____/_____
 (Signature of Parent/Guardian) (Date)



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Personal Essay

- Please type an essay (**300 words minimum**) on one of the topics listed below.
 - Indicate your topic by checking the appropriate box.
 - Include your name and birth date for identification purposes on the essay.
 - Applicants must submit a different essay with each application or will be disqualified.
-
- 1. In reviewing your high school years, what advice would you give to someone beginning their high school career?
 - 2. Discuss some issue of personal, local, national, or international concern and its importance to you.
 - 3. Indicate a person who has had a significant influence on you. Describe that person and describe the influence.
 - 4. Describe the neighborhood that you grew up in and how it helped shape you into the kind of person you are today.
 - 5. Describe a character in fiction, a historical figure, or creative work (music, politics, science, etc.) that has an influence on you and explain that influence.
 - 6. Provide information that you feel will give a more complete and accurate picture of yourself (i.e., background, personal philosophy, traits, goals, etc.). Describe the influence of these factors.



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NO IDENTIFICATION AFFIDAVIT

(For family/household members other than the applicant)

Scholarship applicants must submit a copy of their driver's license or state ID

Please complete this affidavit if necessary and make additional copies as required.

Name (Print): _____ Date: _____

Address: _____

City and State: _____ Zip Code: _____

Choose applicable statements below then sign and date affidavit. In addition, have a witness print their name then sign and date affidavit. Please remember that by witnessing a signature **all dates must be the same**. Failure to do so will delay the processing of the application.

- I HEREBY CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY CARD READILY AVAILABLE TO SUBMIT WITH THE 2024 CSBG SCHOLARSHIP APPLICATION
- I HEREBY CERTIFY THAT I DO NOT HAVE AN IL DRIVER'S LICENSE OR IL STATE I.D. READILY AVAILABLE TO SUBMIT WITH THE 2024 CSBG SCHOLARSHIP APPLICATION

Please note: Scholarship applicants must submit a copy of their driver's license or state ID

SIGNATURE: _____ DATE: _____

WITNESS (PRINT NAME) _____ DATE: _____

WITNESS (SIGNATURE) _____ DATE: _____

Please Note:
All signature
dates should be
the same.


This form must be witnessed. Anyone who knows the applicant may be the witness.

Parent or guardian signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____



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NO INCOME / NO PROOF OF INCOME AFFIDAVIT

Please complete this affidavit if necessary and make additional copies as required.

Name (Print): _____ Date: _____

Address: _____

City and State: _____ Zip Code: _____

Choose one of the following statements and provide requested information:

I HEREBY CERTIFY THAT I HAVE **NO INCOME** - Indicate the month and \$0 for period with **NO INCOME**

30 Days - *May 1 through May 31*

\$ _____

Please Note:
If zero income, don't forget to insert \$0 for the applicable month.
←

By certifying that you have "No Income," please provide explanation in the space provided below or attach a supporting letter as to **how you are able to provide for basic living expenses such as housing, utilities, and food.**

I HEREBY CERTIFY THAT I HAVE **NO PROOF OF INCOME** - Indicate the month and \$amount for period with **NO PROOF OF INCOME**

30 Days - *May 1 through May 31*

\$ _____

Please Note:
If no proof of income, don't forget to insert the amount of income for the applicable month.
←

With certifying that you have "No Proof of Income," please provide explanation in the space provided or attach a supporting letter **as to the absence of any income receipts and the service or product provided to receive this income.**

SIGNATURE: _____ DATE: _____

WITNESS (PRINT NAME) _____ DATE: _____

WITNESS (SIGNATURE) _____ DATE: _____

Please Note:
All signature dates should be the same.
←

This form must be witnessed. Anyone who knows the applicant may be the witness.

Parent or guardian signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____



CEDA Programs

Our programs can support you when you need a helping hand

To see the eligibility requirements, please visit CEDAorg.net/Find-Services



Utility Bill Assistance

LIHEAP-DVP

This program allows income-eligible households the opportunity to receive a one-time benefit applied directly to your heating utility.

In addition to helping pay your gas bill, this program can also provide a one-time benefit applied directly to your electric utility.

LIHEAP-PIPP

This program provides a monthly benefit towards a budget bill of which you'll pay a percentage. It provides stable monthly payment which may ease financial burden.

In addition to providing help with your gas bill, this program also helps you pay your electric bill.

WATER ASSISTANCE

UBR: For City of Chicago residents, the Utility Billing Relief program makes your water bill more affordable. You can get up to 50% rate reduction and the opportunity for complete debt forgiveness.

LIHWAP: For all Cook County residents, this program can prevent disconnection and restore service by applying a benefit to your account. ****program currently unavailable*

FURNACE

If your household is LIHEAP eligible and your heating system isn't working properly or is red-tagged, CEDA can help you repair or replace your furnace or boiler.

You are eligible to apply if you reside in a single family home, a building up to 4 units or a condo. ****program currently unavailable*

To apply, call **(800) 571-2332** or contact a partner intake site listed at CEDAorg.net/sites

Sign up for program alerts and information at CEDAorg.net/GetHelp





Home Weatherization

Our program makes homes more comfortable through smart home improvements. Weatherization also make buildings more energy efficient, lowering energy bills in the long run.

This program helps homeowners and multi-family building owners in many ways, like:

- Sealing drafty areas
- Insulating attics, walls, basements, and crawl spaces
- Repairing or replacing heating systems

To apply, contact a partner intake site listed at [CEDAorg.net/sites](https://cedaorg.net/sites)



Family Support & Community Engagement (FsACE)

FsACE is a "case management" program that looks at your needs and builds you a path toward self-sufficiency.

- Dental and vision services
- Help with car repairs, bus cards, and gas cards
- Scholarships for post-secondary education
- Job prep and counseling, including vocational training and job placement resources
- Fresh produce and nutrition education
- Additional funds for your unique needs

To apply, call **(312) 795-8948**

WIC Women, Infants, and Children (WIC)

WIC provides food, education and support for pregnant, breastfeeding, and post-partum women, infants, and children under age five.

To apply, call **(855) 855-2332** or email WIC@CEDAorg.net



Housing Counseling Services

Our Housing Counseling Services educate, inform, assess, and listen to find creative ways to empower families and individuals to maintain affordable housing. We work to give families the tools to make better decisions about improving their housing situation and meeting their responsibilities as tenants and homeowners.

To apply, call **(312) 288-8010** or email housing1@cedaorg.net