## SHAWNEE DEVELOPMENT COUNCIL, INC.

## SCHOLARSHIP PROGRAM

Funded by the Illinois Department of Commerce & Economic Opportunity Under the Community Services Block Grant

1

# Contents

Page 3 . . . . Program Objectives
Page 4 . . . . Applicant Requirements
Page 4 . . . . Income Eligibility Guidelines
Page 5 . . . . Application Procedures
Page 6 . . . . SDC Outreach Offices
Page 7 . . . . Application

#### **Program Objectives**

The SDC/DCEO Scholarship Program is designed to provide financial assistance to low-income and disadvantaged persons of high academic attainment or potential with preference given to applicants of racial or ethnic minorities.

The scholarship provides formal education or occupational training at accredited <u>Illinois colleges, trade school, or university</u> to CSBG eligible clients, with particular consideration given to fields of study in high technology areas or other growth occupations.

The education and training made possible through the scholarship includes either general education to achieve functional literacy skills short-term training (2 years or less) in growth occupation skills, or general post-secondary education.

Documented fairness exists in the scholarship recipient selection process, and, where possible, preference is given to applicants of racial minorities.

Where occupational training is involved, there is formal coordination with the local Workforce Innovation Opportunity Act Program.

#### **Applicant Requirements**

Must be a legal resident of Alexander, Hardin. Johnson, Massac, Pope, Pulaski, or Union County in Illinois.

Household income must fall into the approved CSBG federal poverty guidelines (see Income Eligibility Chart).

Must attend an accredited college, trade school, or university in the <u>State of Illinois</u>.

Must be a full-time student.

Must complete the necessary application requirements in the time frame allotted.

.....

#### Income Eligibility Guidelines \*

Size of Family Unit	Annual Household Income	
1	\$27,180.00	
2	\$36,620.00	
3	\$46,060.00	
4	\$55,500.00	
5	\$64,940.00	
6	\$74,380.00	
7	\$83,820.00	
8	\$93,260.00	
(For family units with more than 8 members, add \$9,440 yearly		
for each additional member)	. *Based on the Federal Poverty	
Guidelines		

4

#### **Application Procedures**

Application packets may be obtained at any SDC County Outreach Office or Administrative Office.

All information requested on the application should be completed. Failure to provide the information requested will result in disqualification.

Applications should be completed and returned to: Shawnee Development Council, Inc. PO Box 298, Karnak, IL 62956 *by the date indicated on the application.* 

Applications will be reviewed by a special committee who will make the final determination in awarding the scholarships.

Scholarships will be awarded to individuals in each county of the service delivery area administered by Shawnee Development Council where possible.

Scholarships will be in the amount of \$1,000 and payment will be made directly to the school of recipient's choice.

Applicants may reapply annually for this scholarship.

Publicity of these scholarships will be the sole responsibility of Shawnee Development Council, Inc. Recipients may be asked to participate in media or promotional activities of this scholarship program.

#### SDC County Outreach/Administrative Offices

SDC Alexander/Pulaski County Outreach Office 1401 Washington Street Cairo, Illinois 62914 (618) 734-0535

SDC Hardin/Pope County Outreach Office 147 N Main St Elizabethtown, IL 62938 618) 287-7071

SDC Massac/Johnson County Outreach Office Massac County Courthouse, 1 Superman Square, Room 1 C Metropolis, IL 62960 (618)524-2941

SDC Union County Outreach Office 1000 North Main Street Anna, IL 62906 (618) 833-7431

SDC Pope County Pantry 922 S Adams St Golconda IL 62938 Tuesday Only

SDC Administrative Office 530 W Washington Street Karnak IL 62956 (618) 634-2201

### Shawnee Development Council, Inc. Community Services Block Grant Scholarship Program Application

Please <u>print</u> legibly in ink or type this application. <u>Answer all questions completely and</u> <u>truthfully to the best of your belief.</u> When completed, this application should be mailed to: Shawnee Development Council, Inc., Administrative Offices, P. O. Box 298, Karnak, IL 62956 Attn: Scholarship Program. <u>Application must be received in the Administrative Office no</u> later than April 29, 2022.

Name:(First) (N	Middle)		(Last)		
Address: (Street Address - No P.O. Box n	umbers)	(City)	(State)	(Zip)	
Mailing address (if different than above):					
Email Address:			Υ.		
County of Residence:		Phone No.:			
Last 4 of Social Security Number:		Date of Birth:			
Sex:MaleFemale Marital S	Status:	Disab	led: Ve	teran:	
Ethnicity: Black White His Asian Other (please i				).	
Do you:OwnRentLive w/j	parents	_Other (plea	ase explain):		
Number of persons living in household:		-			
Anticipated Year of College Graduation	:	_			
Annual Household Income (for all person (Attach copies of documentation for 30) IDHS or SS statements, etc All document will not be returned. Note: <u>Failure to in</u> <u>being disqualified.</u> )	days of in	come: i.e., comes a perma	heck stubs, emp anent part of thi	ployer statement s application and	
Please indicate the high school and	d year y	ou graduat	ted or will g	graduate from:	

Name of College, University, or Trade School you plan to attend in the fall (<u>include city and state</u>): \_\_\_\_\_

#### Field of Study:

Are you or have you ever been a Workforce Innovation Opportunity Act (WIOA) client? \_\_\_Yes \_\_\_No \_\_If yes, Date: \_\_\_\_\_

Have you registered/been accepted into the program you plan to use the funding for? \_\_\_\_Yes \_\_\_No \_\_\_If no, what date do you plan to register/attend? \_\_\_\_\_

Are you receiving any other financial aid to attend college? \_\_\_\_\_ If so, please indicate sources

Write a brief narrative describing your future plans relating to your educational goals. Please include your need for this scholarship, and <u>in particular how the funds from this</u> <u>scholarship will be used</u>. Information provided in this narrative will be used in the evaluation of this application. May use additional paper if needed.

#### Certification

I certify that the information contained in this application is accurate and a 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 for this scholarship.

Signature of Applicant: \_\_\_\_\_

Date:

8