

SHAWNEE DEVELOPMENT COUNCIL, INC.

SCHOLARSHIP PROGRAM

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

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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 Illinois colleges, trade school, or university to CSBG eligible clients, with 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 **State of Illinois**.

Must be a full-time student.

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

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Income Eligibility Guidelines *

| Size of Family Unit | Annual Household Income |
|----------------------------|--------------------------------|
| 1..... | \$31,300.00 |
| 2..... | \$42,300.00 |
| 3..... | \$53,300.00 |
| 4..... | \$64,300.00 |
| 5..... | \$75,300.00 |
| 6..... | \$86,300.00 |
| 7..... | \$97,300.00 |
| 8..... | \$108,300.00 |

(For family units with more than 8 members, add \$11,000 yearly for each additional member). *Based on the Federal Poverty Guidelines

Application Procedures

Application packets may be obtained at any SDC County Outreach Office, Administrative Office, agency website or social media link.

All information requested on the application should be completed.

Failure to provide the information requested could 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 Illinois 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
2035 Washington Street
Cairo, Illinois 62914
(618) 734-0535

SDC Hardin/Pope County Outreach Office
1509 Main St
Rosiclare, IL 62982
618) 285-7071

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 **print** legibly in ink or type this application. **Answer all questions completely and truthfully to the best of your belief.** When completed, this application should be mailed to: Shawnee Development Council, Inc., Administrative Offices, P. O. Box 298, Karnak, IL 62956 Attn: Scholarship Program. **Application must be received in the Administrative Office no later than April 25, 2025.**

Name: _____
(First) (Middle) (Last)

Address: _____
(Street Address - No P.O. Box numbers) (City) (State) (Zip)

Mailing address (if different than above): _____

Email Address: _____

County of Residence: _____ Phone No.: _____

Last 4 of Social Security Number: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female Marital Status: _____ Disabled: ☐ Veteran: ☐

Ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Native American/Alaskan
☐ Asian ☐ Other (please indicate _____).

Do you: ☐ Own ☐ Rent ☐ Live w/parents ☐ Other (please explain): _____

Number of persons living in household: _____

Anticipated Year of College Graduation: _____

Annual Household Income (for all persons living in household): \$ _____
(Attach copies of documentation for 30 days of income: i.e., check stubs, employer statement, IDHS or SS statements, etc... All documentation becomes a permanent part of this application and will not be returned. Note: *Failure to include proof of income could result in your application being disqualified.*

Please indicate the high school and year you graduated or will graduate from:

Name of College, University, or Trade School you plan to attend in the summer, fall or spring (include city and state): _____

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 relating to your educational goals. Please include your need for this scholarship, and how the funds from this scholarship will be used. 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: _____