



STUDENT SCHOLARSHIPS STUDENTS WILL BE AWARDED \$2,000

Any high school graduate or GED recipient planning to enroll in an Illinois post-secondary education/vocational program. The application deadline is May, 28th 2022. Message MCS community services on facebook or call our office at 217-243-9404 to get your application today!

**Student must live in
Morgan, Cass, or
Scott County.**

**Student must be
attending a school in
Illinois.**

**Applicant must be
economically
disadvantaged
according to CSBG
Income Guidelines.**

**Applicants must
have proof of
enrollment to
receive the
scholarship.**

MORGAN COUNTY MCS COMMUNITY SERVICES

345 W State St
Jacksonville, IL 62650
217-243-9404

<https://morgancounty-il.com/departments/mcs-community-services/>

The Scholarship program is designed to provide financial assistance to economically disadvantaged persons of high academic attainment or potential with preference given to applicants of racial or ethnic minorities. At least one scholarship will be awarded in each county (Morgan, Cass, Scott). Awards of \$2000 will be made in 2022.

ELIGIBILITY:

- Any high school graduate or GED recipient planning initial enrollment in an Illinois post-secondary educational/vocational program.
- Applicant must be a resident of Morgan, Cass, or Scott counties. Post office boxes are not acceptable as applicant's legal address. A college dormitory or campus address will not be recognized as a legal address.
- Applicant must be economically disadvantaged (according to established CSBG Income Guidelines) – SEE BELOW.
- Applicant may or may not be enrolled in intended school at time of application but proof of enrollment in the intended school must be received prior to scholarship payment.
- Complete application packet must be returned to MCS Community Services on or before May 28, 2022.

A COMPLETE PACKET MUST CONTAIN:

1. Completed Scholarship application (attached).
2. Official high school or current school attendance transcript.
3. Typed 300 word essay signed by applicant, setting forth his/her vocational or professional goals and related how past, present, and future activities will make this goal probable.
4. One letter of reference from an authority within the high school or current attendance.
5. One letter of reference from a non-school, non-family, responsible community person.
6. Copies of social security cards for all household members.
7. Proof of last 90 day income for all household members (paystubs, child support, unemployment, TANF, SSI, etc.)

*Submit all material to MCS Community Services office. Use additional space where necessary.

*It is the applicant's responsibility to provide the above required documentation. MCS reserves the right to refuse service due to lack of documentation.

The income guidelines are as follows:

HOUSEHOLD SIZE	PREVIOUS 90 DAY GROSS INCOME
1	\$ 6,795
2	9,156
3	11,514
4	13,875
5	16,236
6	18,594
7	20,955
8	23,316

Community Services Block Grant Scholarship Application

Return to: MCS Community Services
345 West State Street
Jacksonville, IL 62650

Deadline: Postmark on or before May 28, 2022

Personal Fact Sheet (Please print or type)

Date: _____

Applicant Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

Social Security #: _____ Date of Birth: _____

(Please circle)

Ethnic Group: African American White Hispanic
 Native American Asian Other

Gender: Male Female Health Insurance: Yes No

Food Stamps: Yes No Veteran: Yes No

Disabled: Yes No

Parent or Legal Guardian: _____

Schools attended 9-12 Grades:

Name of school	City/State	Date of Attendance:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Graduation Date: _____ Number in Class: _____

Class Rank: _____ ACT Score: _____

Attach class schedule/registration

Post Secondary School of Intent: _____

Address: _____

City/State: _____

Planned Entrance Date: _____ Accepted? _____

Intended Course of Study: _____

If available, please enclose a copy of your acceptance letter.

Scholastic & Academic Achievement
(Honor Roll, National Honor Society, Class Officer, etc.)

Honor/Award (list award and year received):

Office/Position of Leadership (name of organization, position, year):

Member of Organization(s) (list organization, year):

Extra Curricular
(Band, Sports, Clubs, etc.)

Honor/Award (list award and year received):

Office/Position of Leadership (names of organization, position, year):

Member of Organization(s) (list the organization, year):

Civic
(Church, 4-H, Scouts, etc.)

Honor/Award (list award and year received):

Office/Position of Leadership (name of organization, position, year):

EMPLOYMENT

Position(s), Period of employment, Earnings, etc.

OTHER

Any additional information to show financial need/general worthiness. Please be specific.

Household Member(s) Information (for statistical purposes only)
Please complete information on each household member. Attach copies of SSN cards.

Head of Household Name: _____
Social Security #: _____ Date of Birth: _____
Relationship to Applicant _____
(please circle)
Ethnic Group: African American White Hispanic
Native American Asian Other
Gender: Male Female Health Insurance: Yes No
Food Stamps: Yes No Veteran: Yes No
Disabled: Yes No Ed. Level/Grade Completed _____

Name: _____
Social Security #: _____ Date of Birth: _____
Relationship to Applicant _____
(please circle)
Ethnic Group: African American White Hispanic
Native American Asian Other
Gender: Male Female Health Insurance: Yes No
Food Stamps: Yes No Veteran: Yes No
Disabled: Yes No Ed. Level/Grade Completed _____

Name: _____
Social Security #: _____ Date of Birth: _____
Relationship to Applicant _____
(please circle)
Ethnic Group: African American White Hispanic
Native American Asian Other
Gender: Male Female Health Insurance: Yes No
Food Stamps: Yes No Veteran: Yes No
Disabled: Yes No Ed. Level/Grade Completed _____

Name: _____
Social Security #: _____ Date of Birth: _____
Relationship to Applicant _____
(please circle)
Ethnic Group: African American White Hispanic
Native American Asian Other
Gender: Male Female Health Insurance: Yes No
Food Stamps: Yes No Veteran: Yes No
Disabled: Yes No Ed. Level/Grade Completed _____

Continued Household Member(s) Information (for statistical purposes only)
 Please complete information on each household member. Attach copies of SSN cards.

Name: _____
 Social Security #: _____ Date of Birth: _____
 Relationship to Applicant _____
 (please circle)
 Ethnic Group: African American White Hispanic
 Native American Asian Other
 Gender: Male Female Health Insurance: Yes No
 Food Stamps: Yes No Veteran: Yes No
 Disabled: Yes No Ed. Level/Grade Completed _____

Name: _____
 Social Security #: _____ Date of Birth: _____
 Relationship to Applicant _____
 (please circle)
 Ethnic Group: African American White Hispanic
 Native American Asian Other
 Gender: Male Female Health Insurance: Yes No
 Food Stamps: Yes No Veteran: Yes No
 Disabled: Yes No Ed. Level/Grade Completed _____

Name: _____
 Social Security #: _____ Date of Birth: _____
 Relationship to Applicant _____
 (please circle)
 Ethnic Group: African American White Hispanic
 Native American Asian Other
 Gender: Male Female Health Insurance: Yes No
 Food Stamps: Yes No Veteran: Yes No
 Disabled: Yes No Ed. Level/Grade Completed _____

Name: _____
 Social Security #: _____ Date of Birth: _____
 Relationship to Applicant _____
 (please circle)
 Ethnic Group: African American White Hispanic
 Native American Asian Other
 Gender: Male Female Health Insurance: Yes No
 Food Stamps: Yes No Veteran: Yes No
 Disabled: Yes No Ed. Level/Grade Completed _____

Applicant Name: _____

Household Income Information

Please complete: incomplete applications will not be reviewed.

Family Type: One Parent Two Parent Other
Housing Status: Owner Renter Other
Type of Farmer: Farmer Seasonal Migrant N/A
Number in Household: _____

Source(s) of All Household Income for Previous 90 Days (please indicate gross amounts): **Attach copies of check stubs and/or any other income verification listed from all household members.** These must be included in the Scholarship Application.

Previous 90 Days – Gross Amounts

	<u>Applicant</u>	<u>Other</u>	<u>Other</u>	<u>Other</u>
Wages/Self Employ:	\$ _____	\$ _____	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____	\$ _____	\$ _____
SSI:	\$ _____	\$ _____	\$ _____	\$ _____
TANF:	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____	\$ _____	\$ _____
Child Support:	\$ _____	\$ _____	\$ _____	\$ _____
Pensions:	\$ _____	\$ _____	\$ _____	\$ _____
General Assistance:	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

**Application Affirmation
and
Authorization To Verify Information**

I certify that the information I have provided is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to 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 filling out this application does not guarantee that I will receive the scholarship.

Signature of Applicant

Date