



Crosswalk Community Action Agency

410 West Main Street, West Frankfort, IL 62896 * Phone 618.937.3581 * Fax 618.937.3583

TO: Applicants

FROM: Rayeanne Miner

RE: Crosswalk CAA Scholarship

The Crosswalk Community Action Agency is awarding scholarships to Franklin, Williamson, Jefferson and Jackson county residents for Summer and Fall semesters. These funds are provided by the Department of Commerce and Economic Opportunity. Enclosed is a scholarship application, each student must meet the list of requirements to be eligible for a CCAA scholarship. We require proof of income for **ALL** household members. Applicants can send copies of income directly to Crosswalk. CCAA will not consider any applications, which are not complete and accurate. All applications must be completed by **April 6, 2020** and returned to Crosswalk CAA. For further information, please call CCAA at 937-3581 ext. 133.

Because of the Crosswalk CAA scholarship program many recipients have gone on to achieve their goals and have made significant contributions to the community and beyond. The realization is that without scholarships it would not have been possible for many of those students to even enroll in college.

Mail or drop off completed applications to:

Crosswalk Community Action Agency
410 West Main
West Frankfort IL, 62896
Attn: Scholarships

Serving Franklin, Jackson, Jefferson and Williamson Counties

Mission Statement for Crosswalk Community Action Agency

Crosswalk Community Action Agency will strive to improve conditions in which people live, learn and work and incorporate any other services that will result in the social and economic development within Franklin, Jackson, Jefferson and Williamson Counties.



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2020 INCOME GUIDELINES

<u>Family Size</u>	<u>90 Days</u>
1	\$3,903.00
2	\$5,284.00
3	\$6,666.00
4	\$8,094.00
5	\$9,428.00
6	\$10,809.00
7	\$12,191.00
8	\$13,572.00

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Scholarship Program

When filling out your scholarship application here are a few things to remember...

- Application must be filled out in **ink**.
- Application must be **completed, printed and legible**.
- Applications must be original, no faxed or emailed applications will be accepted.
- **ALL GROSS** household income must be turned in, 90 days total, and we cannot accept income tax returns as proof of income.
- You must be a full time student to receive a scholarship.
- You **cannot** owe any back tuition.
- Scholarship **cannot** be used for graduate school.
- Scholarship **cannot** be used for an online school.
- You cannot have been a recipient of more than 2 scholarships from Crosswalk CAA.
- Deadline is April 1, 2020.
- **CURRENT EMAIL ADDRESS IS VERY IMPORTANT, AS I DO MOST OF MY COMMUNICATION THROUGH EMAIL.**

Checklist for Scholarship Application

_____ Application is **completely/neatly** filled out with applicant's signature and date in **INK**.

_____ School information is completed by a counselor, principal or school official.

_____ Photo ID

_____ Proof of Address

_____ Proof of 90-day gross income for **ALL** household members.

_____ **COPY** of Social security cards for **EVERY** member of the household.

_____ Child support form. (If applicable)

****Applications will not be considered if they are not filled out completely and requested documentation is not turned in.

****Please note: If you have more family members than the application allows, please make additional copies of the **FAMILY MEMBER INFORMATION** page and add them to your application.

Thank you.

For CCAA Use Only

.....
Student: _____

_____ Approved

_____ Denied

_____ Amount Awarded \$ _____

_____ Tuition and Fees Statement received Date: _____

_____ Copy of Check Request Date: _____

_____ Final Grades Received Date: _____

CROSSWALK COMMUNITY ACTION AGENCY

SCHOLARSHIP APPLICATION

DATE: ____/____/____

STUDENT DEMOGRAPHICS:

First Name M.I. Last Name Social Security #

Address (____)____-____
Phone

City State Zip Code County

Email

____/____/____
Birthdate Age Gender Primary Language

Alternate Contact Relationship (____)____-____
Phone Number

RACE

____ American Indian/Alaska Native
____ Asian
____ Black or African American
____ Native Hawaiian/Pacific Islander
____ Multi-Race (any 2 or more)
____ White
____ Other
____ Unknown/Not Reported

EDUCATION

____ 0-8
____ 9-12/Non Graduate
____ High School Diploma/GED
____ 12+/Some Post-Secondary
____ 2/4 Year College
____ Graduate
____ Other Post-Secondary School
____ Unknown/Not Reported

ETHNICITY

____ Hispanic/Latino
____ Non-Hispanic/Latino
____ Unknown/Not Reported
Military Status (Veteran)
____ None
____ Veteran
____ Active Military
____ Unknown/Not Reported

ARE YOU EMPLOYED? ____Yes ____ No

WORK STATUS

____ Employed Full Time
____ Employed Part Time
____ Migrant Seasonal Farm Worker
____ Unemployed (short term, 6 mos or less)
____ Unemployed (long term, more than 6 mos)
____ Unemployed (not in labor force)
____ Retired
____ Unknown/Not Reported

INCOME TYPE

____ Wages
____ TANF
____ SSI
____ SSDI (Social Security)
____ SSA (Social Security)
____ VA Service: Connected Disability
____ VA Non-Service: Connected Disability
____ Private Disability Insurance
____ Workers Compensation
____ Retirement Income from SSI
____ Pension
____ Child Support
____ Alimony or Other Spousal Support
____ Unemployment Insurance
____ EITC
____ Other
____ Unknown/Not Reported

Employer: _____

Start Date: ____/____/____ End Date: ____/____/____

Income Frequency: ____ weekly ____ bi-weekly ____ monthly ____ other: explain _____

COLLEGE INFORMATION:

	Yes/No	Amount
Are you applying for or receiving state or federal grants?	_____	\$ _____
Additional Scholarships?	_____	\$ _____
Will you receive any other monetary assistance?	_____	\$ _____

Name of college you are planning on or attending now (must be an Illinois college and not online)

College	Planned Major
_____	_____
_____	_____

State your reasons in 100 words or less why you are applying for this scholarship:

TO BE COMPLETED BY COUNSELOR, PRINCIPAL, OR OTHER SCHOOL OFFICIAL:

A. ACT Composite Score: _____

SAT Composite Score: _____

B. Class Rank

Rank: _____ Class Size: _____

GPA: _____

C. Signature of School Official: _____ Date: ____/____/____

Title: _____

School: _____

County: _____

Telephone: (____) ____-_____

FAMILY MEMBER DEMOGRAPHICS:

First Name M.I. Last Name Social Security #

____/____/____
Birthdate Age Gender Phone (____) ____-____ Primary Language

Relationship to Student: _____

RACE

____ American Indian/Alaska Native
____ Asian
____ Black or African American
____ Native Hawaiian/Pacific Islander
____ Multi-Race (any 2 or more)
____ White
____ Other
____ Unknown/Not Reported

EDUCATION

____ 0-8
____ 9-12/Non Graduate
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____ Unknown/Not Reported

ETHNICITY

____ Hispanic/Latino
____ Non-Hispanic/Latino
____ Unknown/Not Reported

Military Status (Veteran)

____ None
____ Veteran
____ Active Military
____ Unknown/Not Reported

ARE YOU EMPLOYED? ____ Yes ____ No

WORK STATUS

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☐ Hispanic/Latino
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Military Status (Veteran)

☐ None
☐ Veteran
☐ Active Military
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HOUSEHOLD INFORMATION:

TOTAL NUMBER OF PERSONS IN HOUSEHOLD: _____

TOTAL HOUSEHOLD INCOME FOR PREVIOUS 90 DAYS \$ _____
(Must provide proof of income)

	Yes	No			
Health Insurance	_____	_____			
Medicaid	_____	_____			
Medicare	_____	_____			
Unknown	_____	_____			
LIHEAP Assistance	_____	_____	Eligible _____	Not Eligible _____	Referred _____
LINK/SNAP	_____	_____	Monthly Amount Received: \$ _____		Referred _____

FAMILY TYPE

_____ Single	_____ Non Parent Adult(s) w/children
_____ Single Parent	_____ Other: _____
_____ 2 Adults No Children	
_____ 2 Parent Family	

HOUSING TYPE

_____ Own	_____ Group Home
_____ Rent	_____ Homeless Unsheltered
_____ Subsidized Rent	_____ Homeless Shelter
_____ Institutional	_____ Other: _____

DWELLING TYPE

_____ Single Family	
_____ Multiple Units	# of units: _____ 2-4 _____ 5-10 _____ 11 or more
_____ Mobile Home	
_____ Single Room Occupancy	
_____ Other:	_____

LANDLORD/MORTGAGE COMPANY INFORMATION:

_____	(____) _____ - _____
Landlord Name/Mortgage Company	Phone Number

_____	_____	_____	_____
Address	City	State	Zip Code

\$ _____	____/____/____
Monthly Rent/Payment	Date Moved In

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

Application Statement: I certify that the above information 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 my signature; I authorize the release of such information as may be required for the determination of my eligibility. In addition, I am aware that if the application is found fraudulent the scholarship must be repaid.

Applicants Signature

_____/_____/_____
Date

Intake Workers Signature

_____/_____/_____
Date

CROSSWALK COMMUNITY ACTION AGENCY SCHOLARSHIP CONFIDENTIALITY AGREEMENT

I agree and give my permission to the institution that I attend that if awarded a scholarship from Crosswalk Community Action Agency that my grades will be forwarded at the end of the semester directly to Crosswalk Community Action Agency.

Applicants Signature

_____/_____/_____
Date

Social Security Number

CROSSWALK COMMUNITY ACTION AGENCY
CSBG CHILD SUPPORT STATEMENT

FOR THE PERIOD OF: ____/____/____ to ____/____/____ (90 DAYS)

APPLICANT: _____

NAME OF CHILD	AMOUNT RECEIVED
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

TOTAL AMOUNT RECEIVED: _____

MY CHILD SUPPORT PAYMENTS ARE RECEIVED THROUGH:

_____ The county courthouse
_____ Directly from the absent parent/party
_____ State Disbursement Unit (SDU)
_____ Other (specify) _____

SIGNATURE

DATE

THIS IS TO CERTIFY THAT I HAVE NOT RECEIVED CHILD SUPPORT FROM ANY SOURCE IN THE TIME FRAME ABOVE. CROSSWALK STAFF HAS GIVEN ME A COPY OF THE **"CHILD SUPPORT PROGRAM FACT SHEET"**, PROVIDED BY THE DIVISION OF CHILD SUPPORT SERVICES. THIS INFORMATION WILL HELP ME TO APPLY FOR OR TO GET MORE INFORMATION ON CHILD SUPPORT SERVICES.

SIGNATURE

DATE