



DeKalb County  
Community Action Department  
2550 North Annie Glidden Road, DeKalb, Illinois 60115  
Phone (815)758-3910, Fax (815)756-3407  
[www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org)

## CSBG Scholarship Committee Meeting

October 23, 2017  
8:30 a.m.

DeKalb County Community Outreach Building  
Conference Room West  
2500 North Annie Glidden Road  
DeKalb, Illinois

### Agenda

- I. Call to Order
- II. Approval of Agenda
- III. Approval of 7/24/2017 Minutes
- IV. Public Comment
- V. Old Business
  - a. Scholarship Criteria
  - b. Scholarship Materials – Letterhead, signature requirements
- VI. New Business
  - a. Scholarship process
- VII. Next Meeting Date
- VIII. Adjourn

**DeKalb County Community Action Department**  
**CSBG Scholarship Committee**  
**Minutes of July 24, 2017**

**Members Present:** Dawn Littlefield, Melissa Garman, and Joanne Rouse representing Jerry Smith. A quorum was reached.

**Members Not Present:** None.

**Others Present:** Deanna Cada, Jess Collins, Lesa Eames, and Karleen Lindsey.

**Call to Order:** Dawn Littlefield, chair, called the meeting to order at 1:08 p.m. Introductions were made.

**Approval of Agenda:** Joanne Rouse made a motion to approve the agenda, seconded by Melissa Garman. Motion approved.

**Public Comment:** There were no public comments made.

**Review of Process:** Jess reminded the committee of the CSBG Scholarship process. Scholarship availability was announced late January. Scholarship application is a .pdf fillable application. Applications and letters of reference were due to DCCAD June 23. Lesa Eames, Family Support Specialist, met with applicants to discuss college plans and make sure all documentation was received. Eligible applicants were then forwarded on to the CSBG Scholarship committee with Lesa's notes. The committee then makes recommendations to the full CSBG Board for approval at the August 15 Board meeting.

**Determine CSBG Scholarship Recipients:** There were a total of five CSBG Scholarship applicants for the committee's review with \$3,000 to be awarded, \$1,000 maximum per applicant. Quasha Graves was determined ineligible due to lack of proof of DeKalb County residency. The board discussed Felicia Hawkins' application and the validity of her letters of recommendation. They were sent via e-mail without letterhead or signatures. The board reviewed the e-mail sent with the letters and determined to accept the letters based on the validity of the source. Brittanie Peters was disqualified due to her attending a one year school which the instructions clearly state the applicant must attend a two or four year school. Lanisha Smith and Caprisha Williams were deemed eligible. Melissa Garman made a motion to award \$1,000 each to Felicia Hawkins, Lanisha Smith, and Caprisha Williams, seconded by Joanne Rouse. Motion approved. Deanna Cada created a Scholarship Award signature sheet with awardee names and scholarship amounts for committee members and present staff to sign. This sheet was recommended by DCCAD CSBG grant monitors to show appropriate approvals. Committees and staff signed this sheet (see attached).

**Old Business:** There was no old business.

**New Business:** Dawn Littlefield suggested Social Security Numbers be blacked out when applications are sent to committee members. The committee recommended Deanna and Jess look at State standard criteria for the CSBG Scholarship for discussion at a future CSBG Administrative Board meeting. Issues such as signatures and letterhead for letters of recommendation and the length of the school's programs were discussed.

**Next Meeting Date:** The committee determined CSBG Scholarship policy will be determined at the full board level. The next meeting will be the allocation meeting in July of 2018.

**Adjourn:** Melissa Garman made a motion to adjourn the meeting, seconded by Joanne Rouse. Motion approved and meeting adjourned at 1:51 p.m.

DRAFT

**Community Services Block Grant Scholarship Committee  
2017 – 2018 Scholarship Awards**


The Community Services Block Grant Scholarship Committee attests that the following Scholarship Award Recipients meet the basic qualifications for a Community Services Block Grant Scholarship Award and are the selected recipients for the 2017 – 2018 Award.

1. Felisha Hawkins \$1,000
2. Janisha Smith \$1,000
3. Copisha Williams \$1,000
4. \_\_\_\_\_
5. \_\_\_\_\_

The CSBG Scholarship Committee met on July 24, 2017 and determined the above recipients. The undersigned make up the CSBG Scholarship and are in agreement of the Scholarship selections.

Dawn Littlefield: 

Date: 7/24/17

Joanne Rouse: 

Date: 7/24/17

Melissa Garman: 

Date: 7/24/17

**Staff Present:**

Jess Collins: 

Date: 7/24/2017

Deanna Cada: 

Date: 7/24/17

Lesia Eames: 

Date: 7/24/2017



# DEKALB COUNTY COMMUNITY ACTION DEPARTMENT

## 2017-18 COMMUNITY SERVICES BLOCK GRANT SCHOLARSHIP PROGRAM



**APPLICATION PERIOD OPENS JANUARY 26th**

www.audio-luci-store.it

The Community Services Block Grant Scholarship gives scholarships each year to permanent low-income DeKalb County residents attending four-year universities and community colleges located in Illinois.

**WHO IS ELIGIBLE?** College-bound low-income permanent DeKalb County residents working toward an undergraduate degree.

**WHAT?** DeKalb County Community Action offers scholarships each year to qualifying students. The maximum scholarship award is \$1,000. Visit [www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org) for instructions and application.



APPLICATION AVAILABLE at [www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org)



## DeKalb County Community Action Department

2550 North Annie Glidden Road, DeKalb, Illinois 60115

Phone (815)758-3910, Fax (815)756-3407

[www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org)

DeKalb County Community Action is now accepting applications for the Community Services Block Grant Scholarship. These scholarships are funded through a Community Services Block Grant and will be awarded for the 2017-2018 academic year.

The basic qualifications to be eligible\* for a CSBG Scholarship are:

1. Be a permanent resident of DeKalb County.
2. Be a member of a household whose gross income does not exceed 125% of the Federal Poverty Level (FPL available on DCCAD website). The income is based on the 90 days prior to meeting date with Family Support Specialist.
3. Be accepted at an accredited Illinois 2 or 4 year institution toward an undergraduate degree.
4. If receiving/anticipating other scholarships and/or financial aid, they must not cover the entire cost of tuition, books, fees, and room and board (if in student housing).

\*This is a competitive scholarship. Not all applicants who are eligible will be chosen as a recipient.

The application process consists of four parts:

1. Application is a .pdf form to be completed and submitted on a computer. The application is available at [www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org). Once completed, submit electronically by clicking the "E-mail to DCCA" button.
2. Two letters of Recommendation (must be mailed directly to DCCA by references at: DeKalb County Community Action Department, c/o Scholarship Committee, 2550 N. Annie Glidden Rd., DeKalb, IL 60115).
3. Meeting with a DeKalb County Community Action Family Support Specialist to verify documentation, and discuss application and educational goals after application is submitted (DCCA will call applicant to schedule this).
4. Documentation that must be brought to the meeting with a Family Support Specialist:
  - a. Income from all adult household members (18 & older) for the past 90 days (about three months) from the date of your meeting. This includes check stubs from employment, proof of child support received, Social Security benefits award letter, pensions, TANF verification, unemployment, Township General Assistance, and any other income received.
  - b. Photo I.D. for adults in household.
  - c. Social Security Cards for all household members (if documented).
  - d. Proof of DeKalb County residency (example: lease, bill, etc.).
  - e. Proof of any other financial aid towards education.

The completed application form and mailed letters of recommendation from references must be received in our office by **4:30 p.m. Friday, June 23, 2017**. Letters of award or denial will be sent to applicants by the beginning of August, 2017.

*Providing access to opportunities for low-income individuals and families through empowerment with community resources and support to increase self-sufficiency and household stability.*





## DeKalb County

### Community Action Department

2550 North Annie Glidden Road, DeKalb, Illinois 60115

Phone (815)758-3910, Fax (815)756-3407

[www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org)

#### 2017-18 CSBG Scholarship Applicant Checklist

This sheet is to be used by the applicant to ensure all steps of the application process are addressed completely. Please print this page out and use for your own reference. Thank you!

- ☐ The online application completed with all fields entered.
- ☐ The online application submitted via e-mail to DeKalb County Community Action.
- ☐ Two letters of recommendation mailed to DeKalb County Community Action directly from references.
- ☐ Schedule meeting with DeKalb County Community Action Family Support Specialist (Family Support Specialist will call applicant to schedule).
- ☐ All documentation brought to meeting with Family Support Specialist
  - ☐ Income from all adult household members (18 & older) for the past 90 days (about three months) from the date of your meeting. This includes check stubs from employment, proof of child support received, Social Security benefits award letter, pensions, TANF verification, unemployment, Township General Assistance, and any other income received.
  - ☐ Photo I.D. for adults in household.
  - ☐ Social Security Cards for all household members (if documented).
  - ☐ Proof of DeKalb County residency (example: lease, bill, etc.).
  - ☐ Proof of any other financial aid towards education.
  - ☐ College acceptance letter and/or class schedule for fall semester.
- ☐ Family Support Specialist followed-up with me to assure attendance and positive standing at my college.

Eligible scholarship applications will be forwarded to the CSBG Scholarship Committee after meeting with a Family Support Specialist. Applicants will be contacted via e-mail early August with an award decision.

# **2017-2018 CSBG SCHOLARSHIP APPLICATION**

**Important:** This application must be completed on a computer (it is a fillable form). DO NOT print and then fill out! Save this application to your computer or flash drive BEFORE YOU BEGIN FILLING IT OUT! This way you can work on this over a period of time. Once completed, submit via e-mail by clicking on "E-mail to DCCA" at the end of this application. Completely answer every question. Any applications that not complete will be automatically disqualified.

## **Applicant Information**

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

High School Attending/Attended or GED: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

Disabled: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity (check all that apply): White ☐ Black ☐ Asian ☐ Nat. Amer. ☐ Other ☐ \_\_\_\_\_

Hispanic Origin: \_\_\_\_\_

How long have you resided in DeKalb County? \_\_\_\_\_



List any school or community activities, awards, organizations, clubs, offices, or honors you would like to bring to the Scholarship Committee's attention:

**INSTITUTION INFORMATION**

School scheduled to attend fall 2017 & spring 2018: \_\_\_\_\_

Accepted: \_\_\_\_\_ If yes, bring a copy of acceptance letter to your meeting with Family Support Specialist.  
If pending, anticipated date of notification: \_\_\_\_\_  
(Must be accepted before meeting with Family Support Specialist)

Anticipated Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Number of semester hours enrolled or anticipated for fall 2017: \_\_\_\_\_

Number of semester hours anticipated for spring 2018: \_\_\_\_\_

What is the tuition or class cost? \$\_\_\_\_\_ Semester/Year \_\_\_\_\_

**Scholarship/Financial Aid Information**

Other Scholarships Or Financial Assistance:	Pending or Received (must know amount before meeting with Family Support Specialist)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		<b>Total:</b> \$ _____

**FAMILY =\yo=\Q U-U"-ko**

Number of family members residing in the household: \_\_\_\_\_

List all household members (including you).

<u>Name</u>	<u>S.S. Number</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Income or Benefits:

SNAP: \_\_\_\_\_ Medicaid: \_\_\_\_\_ Subsidized Housing: \_\_\_\_\_

**(Complete section below only if you are a dependent living in parent's/guardian's household.)**

As parent/guardian of applicant for the Community Services Block Grant Scholarship, I certify that the above information is true and accurate to the best of my knowledge and that any inaccuracies may result in disqualification.

Signature of head of household: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## **Requirements for Narrative and Recommendations**

Please write a brief narrative below (not to exceed 300 words) on the topic:

What receiving this scholarship would mean to me, and what I hope to contribute to society.

\*Two letters of recommendation are required, and must be mailed directly to DeKalb County Community Action. One recommendation must be from a teacher or school counselor. The second is from a non-relative who can speak to your potential success as a student.

### **APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION**

APPLICANT 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 by my signature I authorize others to release such information as may be required for the determination of my eligibility. After application is submitted, I understand a DCCA Family Support Specialist will contact me to schedule a meeting to discuss my application and educational goals. If I am awarded a scholarship, I give DCCA permission to publish my name and picture on DCCA's website, social media, and any press releases.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DeKalb County Community Action is now accepting applications for the Community Services Block Grant Scholarship. These scholarships are funded through a Community Services Block Grant and will be awarded for the 2017-2018 academic year.

The basic qualifications to be eligible\* for a CSBG Scholarship are:

1. Be a permanent resident of DeKalb County.
2. Be a member of a household whose gross income does not exceed 125% of the Federal Poverty Level (FPL available on DCCAD website). The income is based on the 90 days prior to meeting date with Family Support Specialist.
3. Be accepted at an accredited Illinois 2 or 4 year institution toward an undergraduate degree.
4. If receiving/anticipating other scholarships and/or financial aid, they must not cover the entire cost of tuition, books, fees, and room and board (if in student housing).

\*This is a competitive scholarship. Not all applicants who are eligible will be chosen as a recipient.

The application process consists of four parts:

1. Application is a .pdf form to be completed and submitted on a computer. The application is available at [www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org). Once completed, submit electronically by clicking the "E-mail to DCCA" button.
2. Two letters of Recommendation (must be mailed directly to DCCA by references at: DeKalb County Community Action Department, c/o Scholarship Committee, 2550 N. Annie Glidden Rd., DeKalb, IL 60115).
3. Meeting with a DeKalb County Community Action Family Support Specialist to verify documentation, and discuss application and educational goals after application is submitted (DCCA will call applicant to schedule this).
4. Documentation that must be brought to the meeting with a Family Support Specialist:
  - a. Income from all adult household members (18 & older) for the past 90 days (about three months) from the date of your meeting.

This includes check stubs from employment, proof of child support received, Social Security benefits award letter, pensions, TANF verification, unemployment, Township General Assistance, and any other income received.

- b. Photo I.D. for adults in household.
- c. Social Security Cards for all household members (if documented).
- d. Proof of DeKalb County residency (example: lease, bill, etc.).
- e. Proof of any other financial aid towards education.

The completed application form and mailed letters of recommendation from references must be received in our office by 4:30 p.m. Friday, June 23, 2017. Letters of award or denial will be sent to applicants by the beginning of August, 2017.

## 2017-18 CSBG Scholarship Applicant Checklist

This sheet is to be used by the applicant to ensure all steps of the application process are addressed completely. Please print this page out and use for your own reference. Thank you!

- ☐ The online application completed with all fields entered.
- ☐ The online application submitted via e-mail to DeKalb County Community Action.
- ☐ Two letters of recommendation mailed to DeKalb County Community Action directly from references.
- ☐ Schedule meeting with DeKalb County Community Action Family Support Specialist (Family Support Specialist will call applicant to schedule).
- ☐ All documentation brought to meeting with Family Support Specialist
- ☐ Income from all adult household members (18 & older) for the past 90 days (about three months) from the date of your meeting. This includes check stubs from employment, proof of child support received, Social Security benefits award letter, pensions, TANF verification, unemployment, Township General Assistance, and any other income received.
- ☐ Photo I.D. for adults in household.
- ☐ Social Security Cards for all household members (if documented).
- ☐ Proof of DeKalb County residency (example: lease, bill, etc.).
- ☐ Proof of any other financial aid towards education.
- ☐ College acceptance letter and/or class schedule for fall semester.
- ☐ Family Support Specialist followed-up with me to assure attendance and positive standing at my college.

Eligible scholarship applications will be forwarded to the CSBG Scholarship Committee after meeting with a Family Support Specialist. Applicants will be contacted via e-mail early August with an award decision.

\* Today's Date:

Today's Date      MM      DD      YYYY  
                          /  /



\* Contact Information:

Name

Address

City/Town

State

ZIP

Email Address

Phone Number

\* Social Security Number

\* What is your gender?

☐ Male

☐ Female

\* Date of Birth:

Date of Birth

MM		DD		YYYY
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

\* Are you of Hispanic, Latino, or Spanish Origin?

☐ Yes

☐ No

\* Please choose a race you most identify with:

- ☐ White
- ☐ Black or African American
- ☐ American Indian and Alaska Native
- ☐ Asian
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ Multi-Race (any two or more from above)
- ☐ Other

\* What is the highest education level you completed?

- ☐ 0-8 grade
- ☐ 9-12 / Non-Graduate
- ☐ High School Graduate / GED
- ☐ 12+ Some Post Secondary
- ☐ 2 year College Graduate
- ☐ 4 year College Graduate

\* Are you currently Attending High School?

- ☐ Yes
- ☐ No

\* Did you graduate High School?

- ☐ Yes
- ☐ No

\* Have you completed your GED or in the process of doing so?

- ☐ I completed my GED
- ☐ I am in the process of completing my GED
- ☐ I have not completed nor am I in the process of completing my GED

\* Name of High School

\* Date of High School Graduation

Date

MM		DD		YYYY
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

\* Do you have health insurance?

- ☐ Yes
- ☐ No

\* What type of health insurance do you have? (select all that apply)

- ☐ Private insurance
- ☐ Medicaid
- ☐ Medicare
- ☐ Insurance through the Marketplace
- ☐ Other (please specify)

\* Are you disabled?

☐ Yes

☐ No

\* Are you a veteran?

☐ Yes

☐ No

\* Do you receive SNAP benefits?

☐ Yes

☐ No

\* What is your family type?

☐ Single

☐ Single Parent

☐ Two Adults NO Children

☐ Two Parent Household

☐ Two or more Adults with Children

☐ 3 or More Adults No Children

☐ Non Parent Adult(s) with Children

☐ Other (please specify)

\* What is your housing status?

- ☐ Own
- ☐ Rent-not subsidized
- ☐ Rent-subsidized
- ☐ Institutional
- ☐ Group Home
- ☐ Homeless-Sheltered
- ☐ Homeless-Unsheltered
- ☐ Other (please specify)

\* What type of housing do you live in?

- ☐ Single family
- ☐ 2-4 Units
- ☐ 5-10 Units
- ☐ 11 or more
- ☐ Mobile Home
- ☐ Single Room Occupancy

\* How long have you resided in DeKalb County?

- ☐ 0-6 Months
- ☐ 7 Months-1 Year
- ☐ 2-3 Years
- ☐ 4-5 Years
- ☐ 6-10 Years
- ☐ More Than 10 Years

List any school or community activities, awards, organizations, clubs, offices, or honors you would like to bring to the Scholarship Committee's attention:

\* School scheduled to attend fall 2018 and spring 2019:

\* Have you been accepted to this school?

☐ Yes

☐ Pending

\* You must bring a copy of the acceptance letter or a fall 2018 class schedule to your meeting with a Family Support Specialist.

☐ I understand

\* When is the anticipated date of notification?

Anticipated Date      MM      DD      YYYY  
 /  /

**You must be accepted before meeting with a Family Support Specialist.**

\* What is your anticipated major?

\* What is your anticipated minor?

\* What is your anticipated graduation date?

	MM		DD		YYYY
Anticipated Graduation Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

\* Number of semester hours enrolled or anticipated for fall 2018:

\* Number of semester hours anticipated for spring 2019:

\* How much is the tuition cost?

\* The above amount is per:

\* Do you receive or anticipate receiving any other scholarships or financial aid?

☐ Yes

☐ No

\* Provide the name of scholarship/financial aid, if received or pending, and the amount.

Name of  
scholarship/financial aid

Received or pending

Amount



\* Provide the name of scholarship/financial aid, if received or pending, and the amount.

Name of scholarship/financial aid	<input type="text"/>
Received or pending	<input type="text"/>
Amount	<input type="text"/>

\* Do you receive or anticipate receiving any other scholarships or financial aid other than those previously mentioned?

☐ Yes

☐ No

\* Provide the name of scholarship/financial aid, if received or pending, and the amount.

Name of scholarship/financial aid	<input type="text"/>
Received or pending	<input type="text"/>
Amount	<input type="text"/>

\* Add all amount of other scholarships/financial aid you receive and/or are pending. Enter the total here:

\* Are there other family members in your household?

☐ Yes

☐ No

\* Provide the following information for all other family members in your household:

Family Member's Name  
(first last)

Social Security Number

Date of Birth

Gender (male or female)

Relationship to Head of  
Family (WRITE  
ONE:head, spouse, child,  
grandchild, parent,  
relative, domestic partner,  
other)

Hispanic? WRITE Yes or  
No

Race (WRITE ONE:White,  
Black or African American,  
American Indian and  
Alaska Native, Asian,  
Native Hawaiian and  
Other Pacific Islander,  
Other, Multi-Race (any 2 or  
more previous)

Disabled? WRITE Yes or  
No

Veteran? WRITE Yes or  
No

Education Level (WRITE  
ONE:0-8 Grade, 9-12/Non  
Grad, HS Grad/GED, 12+  
Some Post-secondary, 2  
or 4 years college grad)

Receive SNAP (food  
stamps)? WRITE Yes or  
No

Receive Health  
Insurance? Hispanic?  
WRITE Yes or No (if yes  
write all types of insurance  
received)

\* Are there any other family members in your household?

☐

Yes

☐

No

\* Are you a dependent living in your parent's/guardian's household?

☐ Yes

☐ No

\* As parent/guardian of applicant for the Community Services Block Grant Scholarship, I certify that the above information is true and accurate to the best of my knowledge and that any inaccuracies may result in disqualification.

Signature of head of  
household (typed name  
will act as signature)

Relationship to applicant

Date

\* Please write a brief narrative below on the topic:

What receiving this scholarship would mean to me, and what I hope to contribute to society.

\* \*Two letters of recommendation are required, and must be mailed directly to DeKalb County Community Action. One recommendation must be from a teacher or school counselor. The second is from a non-relative who can speak to your potential success as a student.

☐ I understand and will make sure my references send their letters of recommendation directly to DeKalb County Community Action as described on the instruction page by **4:30 p.m. June 23, 2017**. I understand if DeKalb County Community Action does not receive both letters by the due date, my application will automatically be denied.

\* APPLICANT 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 by my signature I authorize others to release such information as may be required for the determination of my eligibility. After application is submitted, I understand a DCCA Family Support Specialist will contact me to schedule a meeting to discuss my application and educational goals. If I am awarded a scholarship, I give DCCA permission to publish my name and picture on DCCA's website, social media, and any press releases.

Applicant's Signature  
(typed name will act as  
signature)

Date



## DeKalb County

### Community Action Department

2550 North Annie Glidden Road, DeKalb, Illinois 60115

Phone (815)758-3910, Fax (815)756-3407

[www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org)

January 26, 2017

TO: DeKalb County News Media  
FROM: Donna Moulton  
RE: Public Service Announcement

It would be appreciated if the following public service announcement could be run more than once.

If you have any questions call: Donna Moulton, Director  
DeKalb County Community Action  
815-217-0191

Thank you for helping get this information out to low-income DeKalb County students.

#### **2017-2018 Community Action Scholarships Available**

The DeKalb County Community Action Department and the Illinois Department of Commerce and Economic Opportunity announce the 2017-2018 Community Services Block Grant college scholarship program.

To be eligible to apply the applicant must be a permanent DeKalb County resident, and be a member of a family whose gross income from the past 90 days does not exceed 125% of the poverty level.

Deadline for applicants is 4:30 p.m., Friday, June 23, 2017.

For complete information on eligibility and how to apply, visit [www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org) or call 815-758-3910.

*Providing access to opportunities for low-income individuals and families through empowerment with community resources and support to increase self-sufficiency and household stability.*

Good Afternoon,

We are pleased to announce again this year, the availability of college scholarships for permanent DeKalb County Residents. The scholarships are funded through a Community Services Block Grant and will be awarded for the 2017-2018 school year.

The scholarships range from \$500.00 to \$1,000.00 depending upon need as well as the number of scholarships awarded. Applicants must be from low-income families and plan to attend an accredited Illinois institution.

Attached is an informational flyer to post and distribute. You may make additional copies if needed. Please feel free to call if you need any additional information. Applications are available to complete and submit on a computer (.pdf form) and are available at [www.dekalbcountycommunityaction.org](http://www.dekalbcountycommunityaction.org).

Completed applications, including letters of recommendation are due in this office at 2550 N. Annie Glidden Road, DeKalb, Illinois 60115 by 4:30 p.m., Friday, June 23, 2017.

Thank you for your assistance,

Name: \_\_\_\_\_

Date \_\_\_\_\_

### 2017-2018 CSBG Scholarship Applicant Interview Checklist and Notes

- |   |     |    |
|---|-----|----|
| 1. Is applicant a permanent resident of DeKalb County?  | Yes | No |
| 2. Does household gross income fall at or below 125% for the past 90 days?                                | Yes | No |
| 3. Is applicant accepted at an accredited IL 2 or 4 year institution?                                     | Yes | No |
| 4. Is applicant an undergraduate?   | Yes | No |
| 5. Does applicant receive or plan to receive other Financial Aid?   | Yes | No |
| 6. If yes to #6, does it cover all cost of tuition, books, fees, student housing, etc.?                   | Yes | No |
| 7. Was application form completely and accurately completed?  | Yes | No |
| 8. Are there 2 letters of recommendation one from teacher or counselor and the other from a non-relative? | Yes | No |
| 9. Was all necessary documentation (see scholarship applicant checklist) submitted at meeting?            | Yes | No |

#### Notes

---

---

---

---

---

---

---

---

---

---

Is application complete and all proper documentation submitted?

Yes No