



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 **August 1, 2021** 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, 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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2021 INCOME GUIDELINES

<u>Family Size</u>	<u>30 Days</u>
1	\$2,127
2	\$2,873
3	\$3,620
4	\$4,367
5	\$5,113
6	\$5,860
7	\$6,607
8	\$7,353

This guideline is subject to change.

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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 August 1, 2021.
- **CURRENT EMAIL ADDRESS IS VERY IMPORTANT, AS I DO MOST OF MY COMMUNICATION THROUGH EMAIL.**

****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. All family members living in your household must be reported on the application.

Thank you.

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 18 years of age or older.

_____ **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.

For CCAA Use Only

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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)

<u>College</u>	<u>Planned Major</u>
_____	_____
_____	_____

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
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- None
- Veteran
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- SSA (Social Security)
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- Workers Compensation
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- Pension
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Income Frequency: weekly bi-weekly monthly other: explain _____

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