

The information in this packet will be used for your CSBG Scholarship pre-application. Packet must be completed and ALL documents must be returned in order to complete your application.

Once all of your information and documents are received, your application will be processed by NICAA and you will be notified of the status.



Northwestern Illinois Community Action Agency

Scholarship Assistance 2022

The Illinois Department of Commerce and Economic Opportunity, through the Community Services Block Grant has funds available through Northwestern Illinois Community Action Agency for scholarship assistance at an accredited Illinois institution to income eligible students. Scholarship funds are to assist students pursuing certificate or degree programs that will prepare the student for employment or enhance job skills such as but not limited to the following:

- Food Sanitation Class
- CNA Class
- Phlebotomy
- Other certificate programs
- Job specific degree programs

To be eligible for scholarship assistance, the following criteria must be met:

- The applicant must provide proof of gross income for the past **30 days** (letter from Public Aid, copies of check stubs, Social Security Disability, etc.) for all household members.
- The applicant's total family income during the previous 30 days must be equal to or less than:

1 person-	\$ 2,265.00	5 persons-	\$ 5,412.00
2 persons-	\$ 3,052.00	6 persons-	\$ 6,198.00
3 persons-	\$ 3,838.00	7 persons-	\$ 6,985.00
4 persons-	\$ 4,625.00	8 persons-	\$ 7,772.00

- The applicant must be planning to attend an accredited post-secondary Illinois educational institution.
- The applicant must be a resident of Stephenson or Jo Daviess County

The following documents will be required along with your application:

- Class information including cost from HCC for Current Semester
- 30 day income documentaion for all household members
- Social security cards for all household members
- Picture ID
- Proof of High School Diploma or GED
- Utility bills (gas, electric, water)
- Lease

For more information, please call our office at 815-232-3141 or 800-883-1111. The CSBG scholarship application is available on our website at www.nicaa.org

Northwestern Illinois Community Action Agency SCHOLARSHIP PROGRAM APPLICATION 2022

PERSONAL DATA

Name:					Sex:	Male	Female
Address:							
Telephone:				U.S. Citizen:	YES	NO	
Social Security Number	•			Date of Birth:			
E-Mail Address:		············					
	Single			Widow/Widower			
School Presently Attend	ding or Last Atte	nded:					
Expected Date of Cours	se Completion: _						
			FUTUR	E PLANS			
Please describe your fu	ture employmer	nt goals and how	w this scholars	ship would help you attain	those gos	ıls	
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Universal Signature Page

IMPORTANT NOTICE: This state of Illinois grantee agency, Northwestern Illinois Community Action Agency , is requesting disclosure of information that is necessary to accomplish a complete application for:
Community Service Block Grant (CSBG)
Illinois Home Weatherization Assistance Program (IHWAP or Weatherization)
Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) program
APPLICANT STATEMENT: I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.
I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.
For LIHEAP and IHWAP I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.
I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.
Applicant Name:
Applicant Signature: Date:

Soc. Sec. Number		Are you a Veteran: Yes / No
Name-First		Gross Income for the past 30 days
Last	·	Soc. Sec. \$
	Age	SSI \$
Gender: Male	Female	Wages \$
Disabled: Yes	No	Unemployment \$
Ethnic Group:	Education:	TANF/AABD \$
□ White	☐ 9 -12 (Non-Grad)	Child Support \$
☐ African American	☐ H.S. Grad	Pension \$
☐ Native American	☐ Some College	VA Benefit \$
☐ Asian	\square 2 – 4 yr. Grad	GA \$
☐ Hispanic	□ G.E.D.	SNAP \$
Other ************		**********
Soc. Sec. Number		Are you a Veteran: Yes / No
		Gross Income for the past 30 days
		Soc. Sec. \$
Date of Birth	Age	SSI \$
Gender: Male	Female	Wages \$
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Other	Other Post-Secondary School	

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MONTHLY EXPENSES

(Dollar Value Only)

GROSS 30 DAY INCOME

(Dollar Value Only)

Rent/Mortgage \$	SSA/SSI/SSDI \$
Gas/LP/Heat \$	Wages \$
Electric \$	Unemployment \$
Water\$	TANF \$
Housing Cost	Child Support \$
Total: \$	Pension \$
·	VA Benefits \$
Car Payment \$	General Assistance \$
Gasoline \$	Cash Payment \$
Groceries (after SNAP) \$	SNAP Benefits \$
Child Care \$	Other\$
Home Phone Bill \$	Total: \$
Cell Phone Bill \$	
Cable/Internet \$	Do you have Medical Insurance?
Laundry \$	Medicaid Medicare
Household Supplies \$	Private Insurance None
Dining/Entertainment \$	
Credit Cards \$	
Medical Expenses \$	
Education \$	
Other \$	
Name:	S:
Name: _ Address	
Name: _ Address City/Sta	S;