

2025 COMMUNITY SERVICES BLOCK GRANT (CSBG) SCHOLARSHIP

The CSBG Scholarship is designed, in cooperation with the Illinois Department of Commerce and Economic Opportunity, to provide financial assistance to low-income and disadvantaged persons of high academic attainment or potential, with preference given to applicants of racial or ethnic minorities. Scholarships will go toward providing formal education or occupational training in an accredited Illinois educational institution to CSBG-eligible clients, with particular consideration given to study in high technology areas or other growth occupations. Education and training made possible through the scholarships include either general education to achieve short-term training (2 years or less) in growth occupation skills, or general post-secondary education.

This is a competitive scholarship. Not all applicants who are eligible will be chosen as a recipient. Scholarship awards are based on the total number of points an application receives. Points will be deducted for incomplete applications. The Scholarship Committee of the CSBG Administrative Board will determine the recipients and forward their recommendations to the full board.

Eligibility:

1. CSBG income-eligible, see guidelines below.
2. DuPage County resident.
3. Enrolled or accepted at an Illinois accredited higher educational or occupational training institute.
4. Applicants must have a minimum 2.5 GPA on a 4.0 scale.

Guidelines:

- This award will be retracted if it causes a reduction in any other financial aid.
- This award will be retracted if not utilized entirely for educational related purposes.
- If you are pursuing a master’s degree or attending a professional school, **do not apply**.
- Staff will communicate with the **applicant only**.

Approved Ways to Utilize This Scholarship: Tuition, Room, and Board (living on campus), Books, Supplies, Transportation related expenses, Laboratory Fees, Computer and related accessories, Uniforms

2025 CSBG INCOME GUIDELINES

Household #	Yearly	1 Month
1	\$31,300.00	\$2,609.00
2	\$42,300.00	\$3,525.00
3	\$53,300.00	\$4,442.00
4	\$64,300.00	\$5,359.00
5	\$75,300.00	\$6,275.00
6	\$86,300.00	\$7,192.00
7	\$97,300.00	\$8,109.00
8	\$108,300.00	\$9,025.00
For each additional person add: \$11,000 yearly or \$917 monthly		
To calculate your income date range, visit: https://www.timeanddate.com/date/dateadd.html		

Please visit dupagecounty.gov/scholarship for more information.

Application Checklist:

Please review list to ensure that the following documentation has been included. Failure to submit all required documents will cause your application to be denied.

- ✓ Completed Application
- ✓ Completed Household Member Income Affidavit or Zero Income Affidavit for all household members (see attachments)
- ✓ Proof of Income (paystubs, Social Security award letters, self-employment, child support, etc.) for the last 30 days from the application date for **all** household members. Please use Time & Date calculator: <https://www.timeanddate.com/date/dateadd.html>
- ✓ Original essay of 500 words minimum, typed and double-spaced, on one of the following topics:
Statement relating to personal achievements of educational goals (see tip sheet)
- ✓ Official transcripts either received electronically or signed by school dean or counselor, in sealed envelope from school.
- ✓ Two signed and dated letters of recommendation (**originals please**): one from a member of the faculty at school last attended or employer/agency if not currently a student; and one from a member of the community, who is not a relative and is over the age 18.
- ✓ Current Financial Aid Award letter (award letter from the school outlining your financial aid for the year) from the school attending
- ✓ Proof of residence in DuPage county (such as a photocopy of letter/ bill addressed to the applicant or parent or guardian)
- ✓ Proof of enrollment at an Illinois accredited higher educational or occupational training institute (Acceptance letter and/or schedule. Letter from the School's Registrar's Office)

****When mailing, please arrange application materials in the order shown above****

Remember that scholarship awards are based on the total number of points an application receives. Points will be deducted for incomplete applications. Review your application for any missed data requests on the application and sign the application. Please note that a parent or guardian's signature is required on multiple pages if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting. Anyone who knows the applicant can witness a signature if required. Missing signatures may disqualify an application.

All materials must be received by **Friday, May 2, 2025** either by email at csprograms@dupagecounty.gov or by mail addressed to:

DuPage County Community Services
CSBG Scholarship Program
421 North County Farm Road
Wheaton, IL 60187

For additional information call: (630) 407-6500 or 1-800-942-9412 between Monday and Friday; 8:00 a.m. to 4:30 p.m. **Scholarship recipients will be notified in late July 2025.**

Community Services Block Grant Scholarship Application

Please visit dupagecounty.gov/scholarship for more information.

Applicant Information:

Applicant Name: _____
(Last) (First) (M.I.)

SS#: _____ Date of Birth: ____/____/____
Mo Day Yr.

Address: _____
(No.) (Street)

(City) (Zip)

Phone: _____ Email address: _____

Gender Identity: Male _____ Female _____ Other _____

Disabled: Yes _____ No _____ Veteran: Yes _____ No _____ Homeless: Yes _____ No _____

Household info:

Number of household members _____

What is the housing status for the household? (please circle)

Renters Owners Subsidized Homeless Shelter Other _____

Does the Household receive Food Stamps (SNAP)? (please circle)

Yes No

What is the household family type? (please circle)

Single Parent

Single Person

Two Parent

Adult/No Children

Multigenerational

Foster Parent

Education:

Name of Last High School Attended:

(School)

(Location)

(Years Attended)

Date of Graduation or General Education Diploma: _____ (Mo/Yr)

Name of College or Vocational Institution attending: _____

Area of study: _____

Other Financial Awards and/or Scholarships Granted: _____

List any clubs, honors, or activities: _____

Attestation:

I understand that I must provide proof of my attendance and/ or confirmation of my acceptance at an Illinois institution to be eligible for this scholarship. I affirm that the attached essay is an original writing that I have composed. Also, I understand that I am signing a legal document, and that inaccurate disclosure of income to obtain assistance is a fraudulent offense. By my signature, I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/ or documentation. I also understand that a parent or guardian must sign this application if I am not 18 years of age or older and/ or not self-supporting.

Finally, I understand that incomplete applications, which do not include all required documents under the Application Checklist will not be reviewed and will not be eligible for the CSBG Scholarship Program. I understand that there are no exceptions to this policy.

_____/_____
(Signature of Applicant) (Date)

_____/_____
(Signature of Parent/ Guardian if under 18) (Date)

Household Member Income Affidavit

Instructions: Print family/ household names and information on the top half and circle the correct characteristic for each family below. Please copy if you need to add additional members.

Household Members	Member Name	Member Name	Member Name	Member Name
Print All Household Members Names				
Relationship to applicant				
Date of Birth				
Gender				
Marital Status				
Ethnicity/ Race				
Highest level of education:	Non-HS Grad HS diploma/GED Associates Bachelor's Master's Certificate	Non-HS Grad HS diploma/GED Associates Bachelor's Master's Certificate	Non-HS Grad HS diploma/GED Associates Bachelor's Master's Certificate	Non-HS Grad HS diploma/GED Associates Bachelor's Master's Certificate
Health Insurance:	Medicaid Medicare Private Work None Other	Medicaid Medicare Private Work None Other	Medicaid Medicare Private Work None Other	Medicaid Medicare Private Work None Other

Military Status	Veteran Active Military None	Veteran Active Military None	Veteran Active Military None	Veteran Active Military None
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Income information (Continued on next page)

Put "0" if the statement does not apply to member. Please copy if you need to add additional members.

Income time frame: _____ to _____
Todays' date 30 days back

	Member Name	Member Name	Member Name	Member Name
Household Members				
30 day Employment	\$	\$	\$	\$
TANF (AFDC)	\$	\$	\$	\$
Supplemental Insurance Income (SSI)	\$	\$	\$	\$
Social Security Disability (SSDI)	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
VA Service-Connected Disability Comp	\$	\$	\$	\$
VA Non-Service-Connected Disability Pension	\$	\$	\$	\$
Private Disability Insurance	\$	\$	\$	\$
General Assistance	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Retirement Income for Social Security	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Child Support	\$	\$	\$	\$

Alimony or Other Spousal Support	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$

Income information (Continued)

	Member Name	Member Name	Member Name	Member Name
Household Members				
Earned Income Tax Credit	\$	\$	\$	\$
Other	\$	\$	\$	\$
None (if none, indicate \$0)	\$	\$	\$	\$
TOTAL (from both pages)	\$	\$	\$	\$

No Income/Zero Income Affidavit

This form must be completed for all household members 18 and over that report no income for the last 30 days. Please use a new form for each household member.

Name (Print): _____ Date: _____

Address: _____

City & State: _____ Zip Code: _____

Choose one of the following statements and provide requested information:

___ I HEREBY CERTIFY THAT I HAVE NO INCOME FOR THE FOLLOWING TIME PERIOD:

_____ TO _____
TODAYS' DATE 30 DAYS BACK

By certifying that you have "No Income," please provide explanation in the space provided below or attach a supporting letter as to how you are able to provide for these needs:

Food: _____

Housing: _____

Transportation: _____

Utilities: _____

SIGNATURE: _____ DATE: _____

Essay Requirements:

- Original essay of 500 words minimum on **one** of the following topics:
 - Relating personal achievements to educational goals
 - Personal Statement
- Essay must be typed and double-spaced and typed in a professional, easy-to-read font, such as **Arial Calibri**, **Tahoma**, **Times New Roman**, or **Verdana**.
- Font size should be 12 points for the body; 14 points for the heading, 1-inch margins on top, bottom, and both sides.
- Proofread your essay; ensure it is free of typographical and grammatical errors or spelling mistakes.

Useful Personal Statement Tips

- ALLOW SOMEONE ELSE TO PROOFREAD YOUR ESSAY prior to submission. You are also encouraged to utilize web-based tools to review for grammar and spelling errors. Two examples of free, downloadable web-based tools include:
 - *Natural Reader* <https://www.naturalreaders.com/software.html>
 - Grammarly <https://Grammarly.com/>
- Make sure the personal statement is comprehensive and provides detailed insight into who you are.

Suggested Personal Statement Outline:

- Paragraph One: Introduction: Ensure this paragraph expresses who you are; provide a specific personal history and background, family life, what type of person you are, what motivates you, hobbies, interests, community involvements, achievements/awards, etc.
- Paragraph Two: What does education mean to you? This paragraph should describe the type of student you are/or have been/or desire to be, the importance of post-secondary education from your perspective, and why you want to pursue your specific degree, certification, and/or vocation.
- Paragraph Three: Describe any financial and/or personal obstacle that may impede your pursuit of a college education. This paragraph should detail your current financial situation and how this could adversely affect your ability to attend college.
- Paragraph Four: Describe your future goals, objectives, and aspirations. This paragraph should reflect how attaining a degree/trade/certification will enhance the lives of you and your family as well as your career goals.
- Paragraph Five: Conclusion. This paragraph should summarize the main points of your personal statement and express why you deserve to be a recipient of the DuPage County CSBG Scholarship.