

TO: Scholarship Applicant

FROM: Missy Broy

RE: Scholarship Application

Once the application is **complete** please mail the original to the address below. We **NOW** require proof of income for **all** household members for the previous (90) days from the date of your application. (Copies of pay stubs for wages, Unemployment compensation, child support, SS/SSI, etc.) NO application will be accepted with white out on it. CCAA can **NOT** accept faxed applications. It **MUST** be the original application. Please make sure section II is complete & signed by a school official.

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

CROSSWALK COMMUNITY ACTION AGENCY

I. TO BE COMPLETED BY APPLICANT:

Name: _____ Date: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____
County: _____ SS# _____

Household income for previous 90 days:

Income \$ _____
Are you applying for or receiving state or federal grants? _____ Amount \$ _____
Other Scholarships? _____ \$ _____
LIHEAP? _____ \$ _____
Housing Section 8? _____ \$ _____
Food Stamps? _____ \$ _____
Any other monetary assistance? _____ \$ _____
WIA? _____ \$ _____
Single Parent? _____ \$ _____

Name of College you will attend or are now attending:

(College must be in the State of Illinois)

College _____ Planned Major _____

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

II. TO BE COMPLETED BY COUNSELOR, PRINCIPAL, OR OTHER SCHOOL OFFICIAL

- A) ACT Composite Score _____
SAT Composite Score _____
B) Rank in Class:
Rank: _____ Class size _____
GPA: _____
C) Signature of School Official:
Signature: _____ Date: _____
Title: _____
School: _____
County: _____
Telephone: _____

Please note that if the application is found to be fraudulent the scholarship must be repaid.

Shelter Assistance (FEMA)
 Utility Assistance (FEMA)
 Homeless Prevention GRF
 Salvation Army

**CROSSWALK
CAA
INTAKE FORM**

Emergency Service Rehab
 Emergency Service
 Scholarships
 Food Pantry

Application Date ___/___/___ Intake Site _____ SSN ___/___/___

Last Name _____ First _____

Street Address _____ City _____ Zip _____

Date of Birth ___/___/___ Age _____ Phone/Message Phone _____

FAMILY DEMOGRAPHICS

RACE	*EDUCATION*	*FARMER*	*GENDER*
B. Black/Not Hispanic	A. 0-8	A. Farmer	Male
W. White/Not Hispanic	B. 9-12(non-HS Grad)	B. Migrant	Female
H. Hispanic Origin	C. HS GRAD/GED	C. Seasonal	
N. Nat. American/Alaskan	D. 12+		
O. Other	F. College Grad		

Source/Amount **previous 30 day income**
(May not be the same as 90 day income)

FAMILY TYPE	*HOUSING STATUS& cost of Housing*	A. Employment _____
F. Single Parent/Female	R. Renters _____	B. Pension _____
M. Single Parent/Male	O. Owner _____	C. TANF _____
T. Two Parent	H. Homeless _____	D. SSI _____
C. Couple/No Child	N. Other _____	E. SS _____
S. Single Person		F. GA _____
O. Other		G. Unemployment _____
		H. Other _____
		I. Disability _____

Household Total INCOME _____

Applicant Information

Marital Status: _____ Income _____ Amount _____ Disabled Y / N Health Ins. /Med. Card Y / N
Medicare Y / N

No. Of Persons in Household _____ Veteran Y / N

Total Family Income: 90 days \$ _____ x4 = Annual \$ _____

LIHEAP Assistance Y / N
Eligible _____ Not Eligible _____
Referred _____

Food Stamps Y / N
Eligible _____ Not Eligible _____
Referred _____

% of OMB Guidelines on INCOME

Up to 75% _____ 76%-100% _____ 101%-125% _____ Over income/extreme emergency _____

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 by my signature, I authorize the release of such information as may be required for the determination of my eligibility.

Signature of Applicant _____ Date _____

Signature of Intake Worker _____ Date _____

FAMILY MEMBER INFORMATION DATE _____

Last Name: _____ First Name: _____ SS# _____/_____/_____
DOB: ___/___/___ Age ___ Race ___ Sex ___ Education ___ Farmer ___
Disabled Y/N Veteran Y/N Income Source _____ Amount _____

Last Name: _____ First Name: _____ SS# _____/_____/_____
DOB: ___/___/___ Age ___ Race ___ Sex ___ Education ___ Farmer ___
Disabled Y/N Veteran Y/N Income Source _____ Amount _____

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DOB: ___/___/___ Age ___ Race ___ Sex ___ Education ___ Farmer ___
Disabled Y/N Veteran Y/N Income Source _____ Amount _____

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DOB: ___/___/___ Age ___ Race ___ Sex ___ Education ___ Farmer ___
Disabled Y/N Veteran Y/N Income Source _____ Amount _____

Last Name: _____ First Name: _____ SS# _____/_____/_____
DOB: ___/___/___ Age ___ Race ___ Sex ___ Education ___ Farmer ___
Disabled Y/N Veteran Y/N Income Source _____ Amount _____

Last Name: _____ First Name: _____ SS# _____/_____/_____
DOB: ___/___/___ Age ___ Race ___ Sex ___ Education ___ Farmer ___
Disabled Y/N Veteran Y/N Income Source _____ Amount _____

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NOTES:

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.

Signature

Date

Social Security Number



**COMMUNITY SERVICES BLOCK GRANT
Policy Memorandum 3bb**

TO: Grantee Agency Executive Directors
FROM: Gail Hedges, Manager
Division of Economic Opportunity
DATE: April 13, 2009
SUBJECT: **2009 Updated Poverty Income Guidelines (Supersedes Policy Memorandum 3aa, Dated January 30, 2009)**

This notice provides an update to the poverty income guidelines for 2009 at 200% in accordance with a directive received as part of the CSBG American Recovery and Reinvestment Act guidance. This revision reflects changes in the Consumer Price Index; it was accomplished using the same methodology used in previous years.

These poverty guidelines are effective as of April 10th, the date of the CSBG American Recovery and Reinvestment Act, and must be used as an eligibility criterion for your Community Services Block Grant program. These guidelines no longer include definitions of Family, Unrelated Individual, Household and Family Unit, but we will continue to use those definitions provided in previous years (attached). The definition of countable income that is currently used by our program follows this memo.

**2009 POVERTY INCOME GUIDELINES FOR ALL STATES
EXCEPT ALASKA AND HAWAII**

	Family Size	200% Poverty	200% 3 Months
	1	21,660	5,415
	2	29,140	7,285
	3	36,620	9,155
	4	44,100	11,025
	5	51,580	12,895
	6	59,060	14,765
	7	66,540	16,635
	8	74,020	18,505

For family units with more than 8 members, add \$7,480 for each additional member to arrive at yearly amounts for 200%.

Internet Address <http://www.commerce.state.il.us>

620 East Adams Street
Springfield, Illinois 62701-1615

217/782-7500
TDD: 800/785-6055

James R. Thompson Center
100 West Randolph Street, Suite 3-400
Chicago, Illinois 60601-3219
312/814-7179
TDD: 800/785-6055

2309 West Main, Suite 118
Marion, Illinois 62959-1180

618/997-4394
TDD: 800/785-6055

Checklist for Scholarship application
(use this as a guide when completing application)

- _____ All information is properly filled out with applicants signature and date.
- _____ Section II is completed by Counselor, Principal, or other School official.
- _____ Proof of income for all household members.
- _____ Social Security #'s for each member of the household.

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410 West Main
West Frankfort, IL 62896
