



Crosswalk Community Action Agency

410 West Main Street, West Frankfort, IL 62896 * Phone 618.937.3581 * Fax 618.937.3583

TO: Applicants

FROM: Nicky Bowers, Scholarship Specialist

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. The Department of Commerce and Economic Opportunity provides this scholarship funding. Enclosed is a scholarship application, students must meet a 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.

Please note; the deadline for high school students that wish to be recognized at their school's awards ceremonies is **April 1, 2024**. However, Crosswalk will accept applications until July 31, 2024, or until funding is depleted.

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 enroll in college.

For further information, please call CCAA at 937-3581.

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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2024 INCOME GUIDELINES

<u>Family Size</u>	<u>30 Days</u>
1	\$2,265
2	\$3,052
3	\$3,838
4	\$4,625
5	\$5,412
6	\$6,198
7	\$6,985
8	\$7,772

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 e-mailed applications will be accepted.
- **ALL GROSS** household income must be reported, 30 days total, and we cannot accept income tax returns as proof of income.
- You must be a full-time student to receive a scholarship.
- We do not cover back tuition.
- Scholarship cannot be used for graduate school.
- You cannot have been a recipient of more than two scholarships from Crosswalk CAA.
- Deadline is August 1, 2024.
- **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 **neatly and completely** filled out in ink.
- _____ School information is completed by a counselor, principal, or school official.
- _____ Photo ID
- _____ Proof of Address
- _____ Proof of 30-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 the labor force)
- ☐ Retired
- ☐ Unknown/Not Reported

INCOME

TYPE

- ☐ Wages
- ☐ TANF
- ☐ SSI
- ☐ SSDI (Social Security)
- ☐ SSA (Social Security)
- ☐ VA Service
- ☐ VA Non-Service
- ☐ 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)

College

Planned Major

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
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____ Native Hawaiian/Pacific Islander
____ Multi-Race (any 2 or more)
____ White
____ Other
____ Unknown/Not Reported

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HOUSEHOLD INFORMATION:

TOTAL NUMBER OF PERSONS IN HOUSEHOLD: _____

TOTAL HOUSEHOLD INCOME FOR PREVIOUS 30 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 the 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