



# Scholarship Application for Fall Semester of 2024

**Submission deadline: May 30, 2024**

**PLEASE INCLUDE ALL OF THE**  
**APPLICATIONS**

## **PLEASE LEAVE THIS CHECKLIST ON YOUR APPLICATION**

- Completed Application Package with signatures.
- Copies of all PAST 30-Day Gross Income Verification (employment, unemployment, SSI, SSDI, child support, worker's compensation, TANF, other scholarships received) for all of Your Household Members (Make sure you meet income eligibility before submitting your application—see page 2 for details).
- Copies of Photo ID: driver's license, state photo ID, or campus ID for all Adult Household Members (18 and older) that verifies birthdates
- Copies of Documentation Verifying Birthdates for Any Children (under 18).
- Copies of Social Security Cards for all Household Members.
- Proof of Residency.
- Copies of College Transcripts (if applying for scholarship to be applied to a college or university), Program Registration Billing Statements, and **FALL 2024** Class Schedule.
- Brief description of how you believe this scholarship will help you achieve your educational or vocational goals.
- Copies of most recent Financial Aid Award Letters (if you have applied for 2024).
- Letter of reference from a non-related community member, case manager, employment coach or financial coach, employer, professional, or educator.

## **2024 Income Eligibility for MCCA's Scholarship**

Family Size	200% of POVERTY		
	30 DAYS ☞	90 DAYS	ANNUAL
1	\$2,510	\$7,530	\$30,120
2	\$3,407	\$10,220	\$40,880
3	\$4,303	\$12,910	\$51,640
4	\$5,200	\$15,600	\$62,400
5	\$6,097	\$18,290	\$73,160
6	\$6,993	\$20,980	\$83,920
7	\$7,890	\$23,670	\$94,680
8	\$8,787	\$26,360	\$105,440
9	\$9,683	\$29,050	\$116,200
10	\$10,580	\$31,740	\$126,960

Use the income guidelines and go to [www.timeanddate.com](http://www.timeanddate.com) to calculate the past 30-day period prior to the date of your application to see if your household is income eligible for this scholarship.

Use the gross income (before taxes and deductions) for everyone in your household.

Do not include roommates unless they are your significant other.

You do not need to include income from tax refunds or student loans.

DO report income from other scholarships and financial aid you may have received within the past 30 days.

**Supply copies of income documents for past 30 day period.**

**\*NOTE:**

1. If you are attending an **online program** it must be **accredited through the State of Illinois.**

\* Certified Training programs within the State of Illinois are prioritized.

2. Scholarship does not cover Graduate School Expenses.

3. Scholarship can only be used to cover expenses such as tuition, books, labs, and fees.

Total amount must be provided to a single vendor/educational entity identified.

**Provide Completed Application Package with all documentation by dropping off in person at 1301 W. Washington Street Bloomington, IL 61701, mail, fax, or E-mail (preferred method) with copies of all required documents by 4:00 PM May 30, 2024 for Fall Semester 2024**

**Laura Grant  
Mid Central Community Action, Inc.  
1301 W. Washington Street  
Bloomington, IL 61701  
E-mail: [LauraG@mccainc.org](mailto:LauraG@mccainc.org)  
Phone : 309-834-9227**

# MCCA Scholarship Application 2024

## APPLICANT INFORMATION

**Application Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ APT or UNIT \_\_\_\_\_

**Town or City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Soc Sec#:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:**

M  F

T  Other

**Disabled:**

Y  N

**Veteran:**

Y  N

**Phone:** (        ) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Please circle how you prefer to be identified: HE/HIM SHE/HER THEY/THEM Other (        )

**Ethnicity (check one)**

Hispanic/Latino?  Y  N

- B-Black
- W-White
- N-Native American/Alaskan
- A-Asian
- MR- Two or More Races
- O-Other

**Current Education Level: (check one)**

- 0-8
- 9-12/Non HS Grad
- HS Grad/GED
- 12+
- College Graduate

**Public Assistance (check any that apply)**

- |                    |                            |                            |
|--------------------|----------------------------|----------------------------|
| SNAP               | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Medicare           | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Medicaid           | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| WIC                | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Subsidized Housing | <input type="checkbox"/> Y | <input type="checkbox"/> N |

**Family Type (check one)**

- Single Female
- Single Male
- Single Transgender
- Single Parent/Female
- Single Parent/Male
- Single Parent/Transgender
- Couple with Children
- Couple with no Children
- Other

**Housing Status (check one)**

- Renter – Amount \$ \_\_\_\_\_
- Owner – Amount\$ \_\_\_\_\_
- Temporarily Living in Home of family or friends
- Temporarily staying in a hotel
- Temporarily staying in a homeless shelter
- Other

**Source(s) of Your Income (circle all that apply)**

- |                               |         |
|-------------------------------|---------|
| Employment                    | Pension |
| Unemployment or PUA           | TANF    |
| Workers Compensation          | AABD    |
| Short Term Disability         | SSI     |
| Child Support                 | SSDI    |
| General Assistance (Township) |         |
| Workers Compensation          |         |
| Other (        )              |         |

**OTHER HOUSEHOLD MEMBERS LIVING WITH YOU** (spouses, children, siblings, parents or other relatives, or significant others). Do not include college roommates if they are not a member of your personal household. (see codes above)

<b>Name:</b>			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	
<b>Name:</b>			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	
<b>Name:</b>			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	
<b>Name:</b>			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	

**SCHOOLS/TRAINING**

***List high school, or GED, vocational training, and/ or colleges you have attended.***

1) Name of School: \_\_\_\_\_ Location of School: \_\_\_\_\_  
 Dates of Attendance \_\_\_\_\_  
 Major/ Training: \_\_\_\_\_ Date of diploma, certificate or degree earned: \_\_\_\_\_

2) Name of School: \_\_\_\_\_ Location of School: \_\_\_\_\_  
 Dates of Attendance \_\_\_\_\_  
 Major/ Training: \_\_\_\_\_ Date of diploma, certificate or degree earned: \_\_\_\_\_

3) Name of School: \_\_\_\_\_ Location of School: \_\_\_\_\_  
 Dates of Attendance \_\_\_\_\_  
 Major/Training: \_\_\_\_\_ Date of diploma, certificate or degree earned : \_\_\_\_\_

**EMPLOYMENT AND VOLUNTEER HISTORY**

**Current Employer or Volunteer Agency:**

Name and Address:

How long employed or volunteered there? FROM (Date) \_\_\_/\_\_\_/\_\_\_ TO (Date) \_\_\_/\_\_\_/\_\_\_

Position:

**Relevant Volunteer or Previous Employment Activities:**

**EMPLOYMENT GOALS**

**Briefly describe your future employment goals:**

**What vocational program, job ready training, college, or university will you be attending?**

**NAME:**

**Campus Location:**

**WHAT IS YOUR EXPECTED GRADUATION DATE?**

**PERSONAL and EDUCATIONAL GOALS**





**In addition, please provide at least one Letter of Reference from a non-related community member, case manager, employment coach or financial coach, employer, professional, or educator** indicating an opinion of the applicant’s ability to pursue studies and to achieve professional success in his or her chosen field.

Any pertinent information is valuable, but an evaluation of strengths and weaknesses is more helpful than general praise. Letters of Reference should include the following identifying information:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please submit this letter of reference to: LAURA GRANT, Mid Central Community Action, Inc.  
E-mail: [LauraG@mccainc.org](mailto:LauraG@mccainc.org)  
Phone: 309-834-9227

---