

## PLEASE INCLUDE ALL OF THE APPLICATION

# Scholarship Application for Fall Semester of 2024

Submission deadline: May 30, 2024

### 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 <u>verifies birthdates</u>
- ➤ 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 <a href="https://www.timeanddate.com">www.timeanddate.com</a> 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 <u>E-mail</u> (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

Phone: 309-834-9227

## MCCA Scholarship Application 2024

		APPLICANT INF	ORMATION		
Application Date: _ Applicant Name:_					
		APT or UNITCountyZip Code:			
	Disabled:	Date of birth:		Age:	
☐ M ☐ F ☐ T ☐ Other	□ Y □ N	N Phone: ( ) E-Mail Address:			
Please circle how you prefer to be ide  Ethnicity (check one)  Hispanic/Latino?  Y N  B-Black  W-White  N-Native  American/Alaskan  A-Asian  MR- Two or More Races  O-Other		entified: HE/HIM SHE/HER THEY  Current Education Level: (check one)  0 0-8  0 9-12/Non HS Grad  HS Grad/GED  12+  College Graduate		THEM Other (  Public Assistance (check apply)  SNAP Y Medicare Y Medicaid Y WIC Y Subsidized Y Housing	
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 that apply) Employment Unemployment or PUA Workers Compensation Short Term Disability Child Support General Assistance (Tow Workers Compensation Other (	Pension TANF AABD SSI SSDI

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)

Name:			Soc. Sec. #	Date of Birth:	Gender:
Education	Race	Disabled:	Source of Income	Income amount in last 90 days \$	<u> </u>
Name:			Soc. Sec. #	Date of Birth:	Gender:
Education	Race	Disabled:	Source of Income	Income amount in last 90 days \$	<u> </u>
Name:			Soc. Sec. #	Date of Birth:	Gender:  M F
Education	Race	Disabled:	Source of Income	Income amount in last 90 days \$	
Name:			Soc. Sec. #	Date of Birth:	Gender:  M F
Education	Race	Disabled:	Source of Income	Income amount in last 90 days \$	
		SCI	HOOLS/TRAINING		
List high school	ol, or GED, 1	vocational training	, and/ or colleges you	have attended.	
1) Name of Scl	hool:		Loc	ation of School:	
Dates of Atte	endance				
Major/ Traini	ng:		Date	e of diploma, certifica	ate
		or degree earned:			
2) Name of Scl	2) Name of Schools  Lacation of Schools				
2) Name of School:  Location of School:					
Dates of Attendance					
Major/ Train	Major/ Training:  Date of diploma, certificate or degree earned:				
3) Name of Scl	hool:	Location of School:			
Dates of Attendance					
Major/Train	ing:	Date of diploma, certificate or degree earned:			
EMPLOYMENT AND VOLUNTEER HISTORY					
Current Employer or Volunteer Agency:					

Name and Address:
H. L. Carrier and C.
How long employed or volunteered there? FROM (Date)//_ TO (Date)//
Position:
Relevant Volunteer or Previous Employment Activities:
EMPLOYMENT GOALS
EWI LOTWIENT 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

	ionai experiences mai navo	e led you to seek you career goal
low will this scholarship help you to ach	hieve your goals?	
What financial assistance has been APPRO	NVED (if any)?	
lease attach copies of any 2024 financia		letters you have received
	•	
ource	Amount	\$
ource	Amount	\$
ouice	Amount	Φ
ource	Amount	\$

What is your action plan should MCCA, Inc. NOT be able to provide financial assistance?				
	OULD YOU LIKE THIS SCHOLAR.  Jse the chart below to describe.	SHIP TO COVER?		
List Estimated Expenses	Amount needed from MCCA	Other Sources Covering Expense:		
Tuition:				
Fees:				
Books/Supplies:				
Tools/Materials:				
Housing Needs:				
Childcare:				
Other Need– Please explain:				
Total:	Total:			
APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION				
Applicant Statement: I certify that the above i hereby acknowledge that the information relat and by my signature, I authorize others to release	ing to determination of my eligibility requires	s verification and/or documentation,		
Signature	Date			
I give MID CENTRAL COMMUNITY ACTION, INC. consent to release my name and information regarding my scholarship award to the news media and to be utilized with agency reporting, marketing, or publicity. I understand that my address and phone number will not be released. I understand that by signing this application, I agree to complete and return a six month follow-up survey.				
Signature	Date			

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  Phone: 300 834 9227	ord in (1, 17) is contain community faction, inc.

Phone: 309-834-9227