



# ***2025 Scholarship Application***

657 E. Court Street, Suite 207

Kankakee, Illinois 60901

Phone: 815-933-7883

Fax: 815-933-0635

Email: [hservicesforms@kccsi-cap.org](mailto:hservicesforms@kccsi-cap.org)

Web: [www.kccsi-cap.org](http://www.kccsi-cap.org)

*Deadline to apply is March 31, 2025 @ 5:00pm*

***2025 Scholarships To Be Awarded***

***Three      \$1,000 scholarship***

## OUR MISSION

*KCCSI believes that individuals and families deserve economic well-being. We work in collaboration with funders and local organizations to offer opportunities to educate, empower and build self-reliance.*

## CSBG SCHOLARSHIP PACKAGE - ***PLEASE READ THOROUGHLY***

Through funding from the Illinois Department of Commerce and Economic Opportunities' Community Services Block Grant Program (CSBG), Kankakee County Community Services, Inc. provides scholarships for high school graduates and current college students desiring to further their education at vocational schools, community colleges, four-year colleges or universities. ***These institutions DO NOT have to be located in the state of Illinois.*** These scholarships are designed to provide financial assistance to low-income and disadvantaged persons who demonstrate a potential for high academic achievement with emphasis placed upon the recruitment of racial or ethnic minority applicants. **Scholarship recipients may apply the scholarship money to the following expenses: tuition and fees, textbooks and supplies or room and board (if attending college away from home).** All scholarship recipients must start school within the 2025 calendar year.

Interested applicants should read and review the application in its entirety, follow all required application procedures and submit the complete application package. Not all eligible finalists will be chosen as a recipient.

Following the deadline to apply, the preliminary review will take place no later than **April 15th**. Each applicant will receive a notice via mail/email if there is a need to submit additional information. Everyone will have an opportunity to submit any additional information by **April 29th**. Applicants eligible to meet with the Scholarship Committee will do so on **May 13th** at KCCSI. The scholarship announcement will be made by **May 30th**. Recipients will have until **August 31st** to submit the KCCSI issued Check-Designation Form. If KCCSI does not receive the Check-Designation Form within that time frame, the scholarship is forfeited.

## **THE FOLLOWING SCHOLARSHIPS WILL BE AWARDED:**

**THREE: \$1,000 scholarships**

**APPLICATIONS SUBMITTED IN PERSON/FAX/EMAIL MUST BE SUBMITTED BY 5PM ON MARCH 31, 2025. APPLICATIONS SUBMITTED BY MAIL MUST BE POSTMARKED BY MARCH 31, 2025.**

**MAIL TO: Kankakee County Community Services, Inc.  
ATTN: Community Services Dept.  
657 E. Court Street, Suite 207  
Kankakee, Illinois 60901**

**FAX TO: 815-933-0635**

**EMAIL TO: [HSERVICESFORMS@KCCSI-CAP.ORG](mailto:HSERVICESFORMS@KCCSI-CAP.ORG)**

## **APPLICATION PROCESS**

*Applicants will complete an application consisting of several sections. The agency reserves the right to request additional information.*

**Section 1: Personal and Family Information with Release:** Applicants must demonstrate proof of income eligibility by submitting the following information for each household member:

- ☐ Photo ID with a Kankakee County address for everyone 18 and over
- ☐ Social Security cards for everyone in the home
- ☐ Current lease or proof of ownership (tax bill or mortgage statement)
- ☐ Income from all sources for everyone for the past 30 days

**\*\*YOU WILL BE ASKED FOR THIS AT A LATER DATE\*\***

**Section 2: Zero-Income Affidavit:** The Head of Household must complete this form for *ANYONE 18 and older* in the household who does not have income.

**Section 3: Academic Information:** Each packet must include transcripts from the most recent school year. They must be submitted in a sealed envelope from the school.

**Section 4: Financial Need:** Description of the financial need and the purpose for which the scholarship will be used and a statement regarding your field of study and why this field was chosen (50 word minimum) is required.

**Section 5: Personal Recommendations:** Three recommendations must be submitted on behalf of the applicant by an employer, teacher, church leader, etc. These may **not** include family members.

**Section 6: Informational Resources:** Services provided by Kankakee County Community Services, Inc.

## APPLICATION REVIEW & INTERVIEW PROCESS

The Agency will review all applications submitted. This pre-screening will identify semi-finalists based on the established criteria. The finalists will then participate in an interview with the KCCSI Scholarship Committee. During the interview process each finalist will be scored in these areas: income, GPA, interview skills and civic and community service.

## COMMUNICATION OF AWARD

The recipients will be notified via mail and/or email of their scholarship award. KCCSI encourages everyone to submit an email address to expedite the communication process.

## SCHOLARSHIP PAYMENT

The scholarship awards will be paid directly to the educational institution. The scholarship check will be issued jointly in the name of the student and the school. Scholarship awards may be used for tuition and fees, books and supplies and/or other school related expenses.

If the award recipient chooses not to accept the award, the scholarship **MUST** be returned to Kankakee County Community Services, Inc.

## QUESTIONS

If you need assistance with completing the scholarship application, please email or call the individuals listed below. The best number to call is 815.933.7883.

Mrs. Katia Villagomez  
Community Services Assistant  
[kgonzalez@kccsi-cap.org](mailto:kgonzalez@kccsi-cap.org)

Mrs. Adriana Smith  
Community Services Director  
[aharper@kccsi-cap.org](mailto:aharper@kccsi-cap.org)

## ELIGIBILITY CRITERIA

Successful applicants of these awards shall demonstrate evidence of the following eligibility criteria:

- Be a resident of Kankakee County
- Complete the CSBG scholarship packet
- Supply all documents needed to process the application
- Meet the CSBG income guidelines (cannot exceed income guidelines)
- Be enrolled or accepted in an accredited higher educational or occupational training institute
- Demonstrate a commitment to civic or community service
- Meet with the Scholarship Committee

### CSBG GROSS INCOME POVERTY GUIDELINES

HOUSEHOLD SIZE	30-DAY INCOME LIMITS	HOUSEHOLD SIZE	30-DAY INCOME LIMITS
1	\$2,608	5	\$6,275
2	\$3,525	6	\$7,192
3	\$4,442	7	\$8,108
4	\$5,358	8	\$9,025

*For each additional  
member add \$917*

## **Section 1: Personal and Family Information with Release**

Please complete and sign the following scholarship application.

APPLICANT'S EMAIL ADDRESS: \_\_\_\_\_

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ MARRIED: YES ☐ NO ☐ LANGUAGE: \_\_\_\_\_

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD: \_\_\_\_\_ HOUSING STATUS: RENT ☐ OWN ☐

RENT/MORTGAGE AMOUNT: \$ \_\_\_\_\_ DO YOU HAVE HEALTH INSURANCE? YES ☐ NO ☐

DO YOU RECEIVE FOOD STAMPS: YES ☐ NO ☐ WHAT IS THE AMOUNT: \$ \_\_\_\_\_

IS THE HEAD OF HOUSEHOLD (HOH) A: FARMER ☐ SEASONAL FARMER ☐ VETERAN ☐

### **LIST ALL FAMILY MEMBERS:**

FULL NAME	SOCIAL SEC. #	RELATION TO HOH	GENDER	RACE	DATE OF BIRTH	DISABLED Y/N	LEVEL OF EDUCATION	30-DAY GROSS INCOME	INCOME SOURCE
		Head of Household							

*Use additional paper if you have additional persons in your household.*

Applicant Statement: I certify that the information contained in my application is accurate and I provided complete disclosure of my household's information. I acknowledge that the agency reserves the right to request information to determine my eligibility via verification by a third party and/or the submittal of documentation. I further acknowledge that the agency will utilize my name, picture, [auto]biography and scholarship award for press releases, including social media, if I am awarded a scholarship. My signature authorizes others to release information as requested by KCCSI to determine my eligibility.

APPLICANT'S SIGNATURE: \_\_\_\_\_ / /

SIGNATURE OF THE H.O.H: \_\_\_\_\_ / /

NAME OF APPLICANT: \_\_\_\_\_

Deadline March 31, 2025 at 5pm

## **Section 2: Personal and Family Information (Zero-Income Affidavit)**

This form must be completed if the scholarship applicant or a family member in their household is 18 years and older and has reported no income for the last 30 days.

<b>Applicant's Name</b>	
Household Member	
Household Member	
Household Member	
Household Member	
Household Member	

I hereby certify that I/we have no income and are providing the following explanation regarding how our basic living expenses were met:

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I certify that the information above is true and correct. I understand I may be required to provide proof of any information given. I understand that providing false information will result in the denial of my application.

\_\_\_\_\_  
Applicant/Head of Household Signature

**IF THE SCHOLARSHIP  
APPLICANT IS UNDER 18**  
THIS FORM MUST BE SIGNED BY  
THE HEAD OF HOUSEHOLD

\_\_\_\_\_  
Printed Name if Head of Household  
*If it is not the applicant*

### **Section 3: Academic Information**

Please complete all areas and submit your current transcript.

#### **Educational Background:**

School	Years Attended	Graduation Date	Major
1.			
2.			
3.			

#### **Grade Point Average:**

Current cumulative grade point average at the end of last semester: \_\_\_\_\_

Grade point average of last grading period: \_\_\_\_\_

#### **Check One:**

School uses 5.0 scale: \_\_\_\_\_ School uses 4.0 scale: \_\_\_\_\_

#### **Name of the Junior College, Vocational School or University:**

\_\_\_\_\_

What is your planned Major? \_\_\_\_\_

What is your planned Minor? \_\_\_\_\_

#### **Student Status:**

What will your attendance be? Full-time ☐ Part-time ☐

I applied for admission on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you been accepted? YES ☐ NO ☐

Date of acceptance \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please list any school or community activities, volunteer efforts, awards, organizations, clubs, offices, or honors you would like to bring to the scholarship committees' attention:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### **Section 4: Financial Need**

***50-word minimum response is required for each statement***

Submit a description of the financial need and the purpose for which the scholarship will be used:

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Submit a description of your field of study and why this field was chosen:

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***Used additional paper if needed***



## **Section 5: Personal Recommendation Forms**

### **Kankakee County Community Services, Inc. Scholarship Personal Recommendation Form #1**

Name of applicant: \_\_\_\_\_

1. How long have you known the individual and in what capacity?

\_\_\_\_\_

2. Describe any knowledge you have of this individual's participation in public/civic affairs and his/her commitment to future career goals. Include accomplishments, awards, honors or other significant information that you feel would be useful to the scholarship committee.

\_\_\_\_\_

3. Are there any significant limitations (physical, intellectual, and/or emotional, or extenuating circumstances regarding this individual that the committee should consider)?

\_\_\_\_\_

4. Are you aware of any financial difficulties that the individual's family might face in financing a college education? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone

(Attach additional page(s) as needed.)

Please mail or return no later than **3/31/2025**  
Kankakee County Community Services, Inc.  
657 E. Court Street, Suite 207, Kankakee, Illinois 60901

Email: [HSERVICESFORMS@KCCSI-CAP.ORG](mailto:HSERVICESFORMS@KCCSI-CAP.ORG)  
Fax: 815-933-0635

## **Section 5: Personal Recommendation Forms**

### **Kankakee County Community Services, Inc. Scholarship Personal Recommendation Form #2**

Name of applicant: \_\_\_\_\_

1. How long have you known the individual and in what capacity?

\_\_\_\_\_

2. Describe any knowledge you have of this individual's participation in public/civic affairs and his/her commitment to future career goals. Include accomplishments, awards, honors or other significant information that you feel would be useful to the scholarship committee.

\_\_\_\_\_

\_\_\_\_\_

3. Are there any significant limitations (physical, intellectual, and/or emotional, or extenuating circumstances regarding this individual that the committee should consider)?

\_\_\_\_\_

\_\_\_\_\_

4. Are you aware of any financial difficulties that the individual's family might face in financing a college education? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone

(Attach additional page(s) as needed.)

Please mail or return no later than **3/31/2025**  
Kankakee County Community Services, Inc.  
657 E. Court Street, Suite 207, Kankakee, Illinois 60901

Email: [HSERVICESFORMS@KCCSI-CAP.ORG](mailto:HSERVICESFORMS@KCCSI-CAP.ORG)  
Fax: 815-933-0635

## **Section 5: Personal Recommendation Forms**

### **Kankakee County Community Services, Inc. Scholarship Personal Recommendation Form #3**

Name of applicant: \_\_\_\_\_

1. How long have you known the individual and in what capacity?

2. Describe any knowledge you have of this individual's participation in public/civic affairs and his/her commitment to future career goals. Include accomplishments, awards, honors or other significant information that you feel would be useful to the scholarship committee.

3. Are there any significant limitations (physical, intellectual, and/or emotional, or extenuating circumstances regarding this individual that the committee should consider)?

4. Are you aware of any financial difficulties that the individual's family might face in financing a college education? If yes, please explain.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone

(Attach additional page(s) as needed.)

Please mail or return no later than **3/31/2025**  
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Email: [HSERVICESFORMS@KCCSI-CAP.ORG](mailto:HSERVICESFORMS@KCCSI-CAP.ORG)  
Fax: 815-933-0635

## **Section 6: Services Provided by Kankakee County Community Services, Inc.**

**Food Pantry:** The KCCSI Food Pantry provides nutritional food, along with healthy recipes and nutritional information to individuals or households each week.

**Emergency Assistance:** Income-eligible customers receive monetary and non-monetary provisions when facing a one time emergency in the areas of rent, shelter, utility or mortgage assistance,

**Financial Literacy:** Both youth and adults can engage in hands on informational sessions that encompass various aspects of financial management utilizing the *All My Money Change for the Better Curriculum*.

**Back To School Project:** School supplies are provided to eligible youth in grades K-12 as they gear up for a successful school year.

**CSBG Scholarship Program:** Each year, individuals with high academic potential who are enrolled or will be enrolled in a college, university, trade or vocational school can apply for a scholarship.

**Affordable Housing:** Families have the opportunity to rent properties maintained by KCCSI. During their lease, staff work with these families to increase their awareness of services available in the community.

**Low-Income Home Energy Assistance Program (LIHEAP):** To help offset the high cost of heating and electric related utilities, eligible households have the opportunity to receive a one-time payment on their primary and secondary utility bill.

**Emergency Furnace Program:** Eligible homeowners with a non-functioning furnace can have their furnace repaired or replaced by a licensed professional.

**Percentage of Income Payment Plan:** Qualifying households can elect to enroll into a monthly payment plan with their heating/electric related utility vendor(s) that is based on their income.

**Weatherization:** Qualifying home-owners or renters can attain specific services by licensed professionals which will increase the energy efficiency of their home or apartment.

**Senior Community Service Employment Program (SCSEP):** Onsite paid training is provided to individuals 55+ who wish to return to the workforce in Will and Kankakee Counties.

**Resource Room:** As we work to bridge the technology gap, KCCSI maintains a computer lab as a resource room for employment development. The resource room is also available for support in other areas.