

# Tazwood Community Services, Inc.

610 Park Ave.  
Pekin, IL 61554  
309-266-9941

The Illinois Department of Commerce and Economic Opportunity, through the Community Services Block Grant (CSBG) has made funds available to Tazwood Community Services, Inc. for at least three (3) scholarships of up to \$1,000 per year for income eligible students. The scholarship program is designed to provide financial assistance to low-income persons of high academic attainment or potential. The scholarships provide formal education or occupational training at an accredited Illinois institution to CSBG eligible students.

## Eligibility

- Must be a resident of Tazewell or Woodford County.
- Must have a high school diploma or GED.
- Must be enrolled in at least 6 credit hours at an Illinois accredited college, university or vocational training program.
- Must maintain a 2.5 grade point average.
- Must be CSBG income eligible.

## 2023 CSBG Income Guidelines

| Household # | Yearly Gross Income |
|-------------|---------------------|
| 1           | \$29,160            |
| 2           | \$39,440            |
| 3           | \$49,720            |
| 4           | \$60,000            |
| 5           | \$70,280            |
| 6           | \$80,560            |
| 7           | \$90,840            |

## Application Procedure

- Interested applicants must submit all the following items by mail or in person to Tazwood Community Services, Inc. c/o Ann Mudd, 610 Park Ave., Pekin, IL 61554 by: September 22, 2023
  - Completed copy of the attached application.
  - 2022 federal tax form 1040, 1040A or 1040EZ. (if you did not file taxes, attach a letter explaining why you were not required and include documentation such as Social Security statement, TANF award letter or other proof of income)
  - Copies of all household members social security cards
  - Photo ID
  - Proof of residency (copy of bill dated within past 30 days, school correspondence, etc.)
  - A personal essay
  - One letter of recommendation utilizing the attached form
  - Most recent transcript (high school or college)
  - Current school enrollment
  - Documentation of financial aid

# Tazwood Community Services

## 2023 Scholarship Application

| APPLICANT INFORMATION   |  |  |  |
|---|--|--|--|
| <b>Application Date:</b> _____  |  |  |  |
| <b>Applicant Name:</b> _____  |  |  |  |
| <b>Street Address:</b> _____  |  |  |  |
| <b>City:</b> _____ <b>State:</b> Illinois <b>Zip:</b> _____   |  |  |  |
| <b>Phone:</b> _____ <b>Email:</b> _____   |  |  |  |
| <b>SS #:</b> _____  |  | <b>Date of Birth:</b> _____  |  |
| <b>Age:</b> _____   |  |  |  |
| <b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>  |  | <b>Disabled:</b> Y <input type="checkbox"/> N <input type="checkbox"/>   |  |
| <b>Veteran:</b> Y <input type="checkbox"/> N <input type="checkbox"/>   |  |  |  |
| <b>Ethnicity (circle one)</b><br>Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N<br>B - Black<br>W - White<br>N - Native American/Alaskan<br>A - Asian<br>O - Other |  | <b>Current Education Level (circle one)</b><br>A - 0 - 8<br>B - 9 - 12/non HS Grad<br>C - HS Grad/GED<br>D - 12+<br>E - College Graduate   |  |
| <b>Public Assistance: (mark each item)</b>  |  |  |  |
|   |  | 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   |  |
|   |  | Private Insurance <input type="checkbox"/> Y <input type="checkbox"/> N  |  |
|   |  | No Insurance <input type="checkbox"/> Y <input type="checkbox"/> N   |  |
| <b>Family Type (circle one)</b><br>Single Parent/Female<br>Single Parent/Male<br>Two Parent<br>Couple with no Children<br>Single Person<br>Other _____                              |  | <b>Housing Status (circle one)</b><br>Renter - Amount \$ _____<br>Subsidized <input type="checkbox"/> Y <input type="checkbox"/> N<br>Owner - Amount \$ _____<br>Homeless with Roof<br>Homeless without Roof<br>Shelter<br>Other _____ |  |
| <b>Source(s) of Your Income (check all that apply)</b>  |  |  |  |
| <input type="checkbox"/> Employment   |  | <input type="checkbox"/> Self Employment   |  |
| <input type="checkbox"/> TANF   |  | <input type="checkbox"/> Unemployment  |  |
| <input type="checkbox"/> Pension  |  | <input type="checkbox"/> TANF  |  |
| <input type="checkbox"/> VA Service Disability  |  | <input type="checkbox"/> SSI   |  |
| <input type="checkbox"/> Other: _____   |  | <input type="checkbox"/> SSDI  |  |
|   |  | <input type="checkbox"/> SSA   |  |
|   |  | <input type="checkbox"/> Workman's Comp  |  |
|   |  | <input type="checkbox"/> Alimony   |  |
|   |  |  |  |
|   |  |  |  |

**OTHER HOUSEHOLD MEMBERS LIVING WITH YOU**

See Page 1 for codes and explanations

Please copy if needed if additional household members

|                                       |              |                         |                           |                                   |                        |                       |  |
|---------------------------------------|--------------|-------------------------|---------------------------|-----------------------------------|------------------------|-----------------------|--|
| <b>Name:</b>                          |              | <b>Soc Sec #:</b>       |                           | <b>Date of Birth:</b>             |                        | <b>Gender:</b><br>M F |  |
| <b>Education:</b>                     | <b>Race:</b> | <b>Disabled:</b><br>Y N | <b>Sources of Income:</b> |                                   | <b>Monthly Income:</b> |                       |  |
| <b>Health Insurance:</b> Y N<br>Type: |              | <b>Veteran:</b> Y N     |                           | <b>Relationship to Applicant:</b> |                        |                       |  |
| <b>Name:</b>                          |              | <b>Soc Sec #:</b>       |                           | <b>Date of Birth:</b>             |                        | <b>Gender:</b><br>M F |  |
| <b>Education:</b>                     | <b>Race:</b> | <b>Disabled:</b><br>Y N | <b>Sources of Income:</b> |                                   | <b>Monthly Income:</b> |                       |  |
| <b>Health Insurance:</b> Y N<br>Type: |              | <b>Veteran:</b> Y N     |                           | <b>Relationship to Applicant:</b> |                        |                       |  |
| <b>Name:</b>                          |              | <b>Soc Sec #:</b>       |                           | <b>Date of Birth:</b>             |                        | <b>Gender:</b><br>M F |  |
| <b>Education:</b>                     | <b>Race:</b> | <b>Disabled:</b><br>Y N | <b>Sources of Income:</b> |                                   | <b>Monthly Income:</b> |                       |  |
| <b>Health Insurance:</b> Y N<br>Type: |              | <b>Veteran:</b> Y N     |                           | <b>Relationship to Applicant:</b> |                        |                       |  |
| <b>Name:</b>                          |              | <b>Soc Sec #:</b>       |                           | <b>Date of Birth:</b>             |                        | <b>Gender:</b><br>M F |  |
| <b>Education:</b>                     | <b>Race:</b> | <b>Disabled:</b><br>Y N | <b>Sources of Income:</b> |                                   | <b>Monthly Income:</b> |                       |  |
| <b>Health Insurance:</b> Y N<br>Type: |              | <b>Veteran:</b> Y N     |                           | <b>Relationship to Applicant:</b> |                        |                       |  |
| <b>Name:</b>                          |              | <b>Soc Sec #:</b>       |                           | <b>Date of Birth:</b>             |                        | <b>Gender:</b><br>M F |  |
| <b>Education:</b>                     | <b>Race:</b> | <b>Disabled:</b><br>Y N | <b>Sources of Income:</b> |                                   | <b>Monthly Income:</b> |                       |  |
| <b>Health Insurance:</b> Y N<br>Type: |              | <b>Veteran:</b> Y N     |                           | <b>Relationship to Applicant:</b> |                        |                       |  |
| <b>Name:</b>                          |              | <b>Soc Sec #:</b>       |                           | <b>Date of Birth:</b>             |                        | <b>Gender:</b><br>M F |  |
| <b>Education:</b>                     | <b>Race:</b> | <b>Disabled:</b><br>Y N | <b>Sources of Income:</b> |                                   | <b>Monthly Income:</b> |                       |  |
| <b>Health Insurance:</b> Y N<br>Type: |              | <b>Veteran:</b> Y N     |                           | <b>Relationship to Applicant:</b> |                        |                       |  |

INCOME AFFIDAVIT

**\*Note:** If using tax form for proof of income, put the total gross income for the household on the \$ \_\_\_\_\_ and the time period would be January 1, 2022 to December 31, 2022.  
If you did not file a tax return, put the monthly income on the \$ \_\_\_\_\_ and use the previous 30-day time period. (ie Sept 1, 2023 to Sept. 30, 2023)  
If you do not have any income coming into the house, fill out the following Zero Income Affidavit.

I, \_\_\_\_\_ attest to the fact my household has received  
\$ \_\_\_\_\_ gross income for the period covering \_\_\_\_\_ to  
\_\_\_\_\_.

I have met my financial obligations during this time period by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, Illinois Zip: \_\_\_\_\_

**ZERO INCOME FORM FOR ANY HOUSEHOLD MEMBERS WITH NO INCOME  
PLEASE FILL OUT COMPLETELY**

Application Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

I, \_\_\_\_\_, attest to the fact that the adult members of my household have received ZERO income for the previous 30 days (\_\_\_\_\_ to \_\_\_\_\_) (please list the dates (i.e. Sept. 1, 2023, to Sept. 30, 2023))

| Family Member | Relationship | Last Employer | Last Date Worked | Last Check Received |
|---------------|--------------|---------------|------------------|---------------------|
|               |              |               |                  |                     |
|               |              |               |                  |                     |
|               |              |               |                  |                     |
|               |              |               |                  |                     |

**Please list the monthly amount of each item and list below the name, address and phone number of the person/agency who assisted you or how the expenses were paid.**

| <u>Expense</u>               | <u>Amount</u>   |
|------------------------------|-----------------|
| Rent/House Payment           | \$ _____        |
| Food                         | \$ _____        |
| Heat                         | \$ _____        |
| Electricity                  | \$ _____        |
| Water                        | \$ _____        |
| Transportation               | \$ _____        |
| Loans                        | \$ _____        |
| Miscellaneous                | \$ _____        |
| <b>30 day total expenses</b> | <b>\$ _____</b> |

The above financial obligations were met during the reported period by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

EDUCATIONAL INFORMATION

What Illinois college, university or trade school will you be attending in the Fall of 2023?

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What course of study (major) do you intend to pursue? \_\_\_\_\_

How many hours are you registered for the Fall 2023 semester? \_\_\_\_\_

What is your anticipated date of graduation? \_\_\_\_\_

What other financial aid are you applying for or already are receiving? (please attach a copy of financial awards)

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Please write a personal essay providing some information that you feel will give us a complete and more accurate picture of yourself. (i.e. background, future goals, etc.) Use an additional sheet if necessary.

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# Tazwood Community Services

## SCHOLARSHIP PERSONAL RECOMMENDATION

Name of Applicant: \_\_\_\_\_

Please type or print clearly, if you need more space, use back of sheet or attach additional page.

1. How long have you known the applicant? \_\_\_\_\_
2. How do you know the applicant? Is the applicant related to you? \_\_\_\_\_

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3. Please describe any knowledge you have on the applicant and how it would relate to the award of the scholarship. This would take into account the candidate's strengths and weaknesses, goals, accomplishments, etc. \_\_\_\_\_

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Name \_\_\_\_\_

Date: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please return this form by September 22, 2023, to:

Ann Mudd, Program Services Manager, Tazwood Community Services, Inc.  
610 Park Ave., Pekin, IL 61554

**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 others to release such information as may be required for the determination of my eligibility.

I understand that all income sources, for all household members, will be further verified by the State of Illinois.

Printed Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF EDUCATIONAL PURPOSE**

The undersigned certifies and affirms that: (read each statement and check boxes)

- Funds received from the Tazwood Community Services, Inc.'s Community Services Block Grant Program will be solely used for expenses incurred at an accredited Illinois institution related to the pursuit of a post-secondary study leading to a career field. I am responsible for repaying any funds that I receive which cannot be attributed to assist in meeting my educational expenses related to attendance at the institution.
- To the best of my knowledge, I have provided Tazwood Community Services, Inc. with complete and accurate information on this application concerning all other financial assistance I have received. I agree to report promptly the receipt of other awards or changes in my financial status. I understand that if I fail to provide complete information, all or part of my financial assistance from Tazwood Community Services, Inc. may be withdrawn, and I may be required to repay all or part of the money I have received from Tazwood Community Services, Inc.
- If awarded a scholarship, I understand that names of scholarship recipients will be released to area media.
- I give permission for the educational institutions to release my academic and financial records to Tazwood Community Services, Inc. in consideration of receiving and continuing financial assistance.
- I understand that questions, comments, concerns and appeals should be directed to the Program Services Manager at Tazwood Community Services, Inc.

**I declare under penalty of perjury that the foregoing is true and correct.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Funding for this program is made available through the Illinois Department of Commerce and Economic Opportunity**



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|-----------|
| CHECKLIST |
|-----------|

**ALL APPLICATION MATERIALS ARE DUE ON OR BEFORE SEPTEMBER 22, 2023**

Please take a few minutes to review your application and make sure you have completed the following:

- \_\_\_\_\_ Completed application
- \_\_\_\_\_ 2022 federal tax form 1040, 1040A or 1040EZ. If you did not file taxes, proof of other income such as Social Security, SSI, TANF, child support, etc.
- \_\_\_\_\_ Social Security cards for all household members
- \_\_\_\_\_ Photo ID
- \_\_\_\_\_ Proof of residence (copy of bill within past 30 days, school correspondence, etc)
- \_\_\_\_\_ Personal essay
- \_\_\_\_\_ One (1) letter of recommendation
- \_\_\_\_\_ Transcripts
- \_\_\_\_\_ Current school enrollment
- \_\_\_\_\_ Documentation of financial aid

**Please return all documentation to Tazwood Community Services, Inc., Attn: Ann Mudd, 610 Park Ave., Pekin, IL 61554 either in person or by mail.**

**All documents must be received by: September 22, 2023**