

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 people 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.

2025 CSBG Income Guidelines

Household Size	Yearly Gross Income
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300

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: August 22, 2025
 - Completed copy of the attached application.
 - 2024 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

2025 Scholarship Application

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

OTHER HOUSEHOLD MEMBERS LIVING WITH YOU

See Page 1 for codes and explanations

Please copy if needed additional household members

Name:		Soc Sec #:		Date of Birth:	Gender: M F
Education:	Race:	Disabled: Y N	Sources of Income:		Monthly Income:
Health Insurance: Y N Type:		Veteran: Y N		Relationship to Applicant:	
Name:		Soc Sec #:		Date of Birth:	Gender: M F
Education:	Race:	Disabled: Y N	Sources of Income:		Monthly Income:
Health Insurance: Y N Type:		Veteran: Y N		Relationship to Applicant:	
Name:		Soc Sec #:		Date of Birth:	Gender: M F
Education:	Race:	Disabled: Y N	Sources of Income:		Monthly Income:
Health Insurance: Y N Type:		Veteran: Y N		Relationship to Applicant:	
Name:		Soc Sec #:		Date of Birth:	Gender: M F
Education:	Race:	Disabled: Y N	Sources of Income:		Monthly Income:
Health Insurance: Y N Type:		Veteran: Y N		Relationship to Applicant:	
Name:		Soc Sec #:		Date of Birth:	Gender: M F
Education:	Race:	Disabled: Y N	Sources of Income:		Monthly Income:
Health Insurance: Y N Type:		Veteran: Y N		Relationship to Applicant:	

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, 2024, to December 31, 2024.

If you did not file a tax return, put the monthly income on the \$_____ and use the previous 30-day time period. (ie July 1, 2025, to July 30, 2025)

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. July 1, 2025, to July 30, 2025))

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.

Expense	Amount
Rent/House Payment	\$
Food	\$
Heat	\$
Electricity	\$
Water	\$
Transportation	\$
Loans	\$
Miscellaneous	\$
30 day total expenses	\$

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 2025?

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

How many hours are you registered for the Fall 2025 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)

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.

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? _____

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. _____

Name _____

Date: _____

Position or Title: _____

Phone: _____

Address: _____

Please return this form by August 22, 2025 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 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 assisting 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 local 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

CHECKLIST

ALL APPLICATION MATERIALS ARE DUE ON OR BEFORE AUGUST 22, 2025

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

- _____ Completed application
- _____ 2024 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: August 22, 2025