Scholarship Program
THE PROGRAM
Project NOW, Inc. CAA is very pleased to offer the Community Services Block Grant Scholarship Program. The scholarship program is designed to provide financial assistance to low-income and disadvantaged persons of high academic attainment or potential with preference given to applicants of racial or ethnic minorities. The scholarships provide formal education or occupational training at an accredited Illinois institution to CSBG income-eligible clients with particular consideration given to fields of study in high technology areas or other growth occupations. Education and training made possible through the scholarships include short-term training (two years or less) in high technology or growth occupational skills, or general post-secondary education. Scholarship awards including the name, field of study intended and city of each recipient will be released to the local print media.

ELIGIBILITY CRITERIA
Applicants must:
- Reside in Rock Island, Henry or Mercer Counties
- Be planning to enroll in an undergraduate course of study at an Illinois accredited two-year or four-year college, university or vocational-technical school
- Show financial need
- Be CSBG income-eligible

AWARDS
If selected as a recipient, the student will receive up to a $500 award, which must be used for educational expenses.

APPLICATION DEADLINE
Interested students must complete the application and mail it along with essay, proof of household income, LINK card and Medical Card, Photo ID, reference letters, class schedule and transcripts, and copies of social security cards from each member of the household and letters of recommendation to Project NOW.

SELECTION OF RECIPIENTS
The criteria used to select the scholarship recipients are: clarity and completeness of the application, the essay, letters of recommendations, participation in community activities, and career goals. Preference is given to participants who plan to pursue a career in a high technology or growth occupation.

AWARD PROCEDURE
Applicants will be notified by mail 45 to 60 days after application of the scholarship award. Payment to the institution can be activated only on proof of registration. The recipient will also be informed how the scholarship may be applied. In case of withdrawal from the educational or training institution, all unused portions of the award will be refunded to Project NOW.
GUIDELINES

1. Two letters of recommendation from school or within the community must be submitted with the application.

2. The answers to the essay questions indicated on the bottom of page 3 must be typewritten and double spaced on 8 ½ by 11-inch white paper. It should be approximately 250 words. (NOTE: An average double-spaced page equals 297 words.)

3. Applicant should submit completed applications including LiNK card and Medical Card, Photo ID, essays, proof of household income, copies of social security cards, current and complete transcripts of grades, schedule of classes you are registered for this semester, and letters of recommendation to:

   CSBG Scholarship
   Project NOW, Inc. CAA
   418 19th St.
   Rock Island, Illinois 61204-3970

For additional information, call: Rock Island 309-793-6391

Instructions:

1. Type of use black ink.
2. All materials must include your name and Social Security number on each page (essay, reference letters, proof of income)

DOCUMENT CHECK-OFF
Submit the following information as a packet in this order:

- Application
- Reference letter # 1
- Reference letter # 2
- Essay
- 90 day proof of income
- Social Security Cards of all members of the household
- Schedule of classes you are registered for this semester
- Complete current transcripts of grades
- Medical card
- Link card
- Photo ID
- STARS Application (Must call and schedule an appointment with Mona Mejia to complete)
Project NOW, Inc. CAA
COMMUNITY SERVICES BLOCK GRANT
SCHOLARSHIP APPLICATION

Name ___________________________ Social Security _________________

Home Street Address _____________________________________________

City ___________________________ State _______ Zip _____________

Academic Year ____ Race ________ Number in Household _____________

Phone _______________ Sex ______ Date of Birth _________________

HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Soc. Sec. No.</th>
<th>90 Days Income</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Member</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For additional family members, please attach additional sheet.

Proof of household income must be included with application. Check Stubs, medical cards, or employer statements will be accepted as proof of income. All household members must submit income proof for last 90 days.
**FINANCIAL AWARDS AND/OR SCHOLARSHIPS**

List any assistance you intend to apply for or expect to receive during the period for which you are requesting scholarship money.

<table>
<thead>
<tr>
<th>Grants/Loans</th>
<th>Amount</th>
<th>Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scholarships</th>
<th>Amount</th>
<th>Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parental Contributions</th>
<th>Amount</th>
<th>Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Applicant Wages**

| 1) | $ |              |

**Other**

| 1) | $ |              |

**TOTAL AMOUNT RECEIVED** $
INSTITUTION

Name of Institution you attend or plan to attend

________________________________________________________

Street Address ____________________________________________

City ___________ State ___________ Zip ______________________

Field, Courses, Training Desired _____________________________

____________________________________________________________________

Description of field of Study _______________________________________

____________________________________________________________________

Below, please indicate the semester for which you will apply scholarship:

Academic Year ________

☐ Fall ☐ Winter ☐ Spring ☐ Summer

What classes have you already taken?

____________________________________________________________________

____________________________________________________________________

ESSAY

Please include a 250-word essay on the following topics:

1. What this scholarship means to the applicant
2. What Project NOW, Inc. CAA means to the community (Applicant’s interpretation)
3. Community service performed in the past and what contributions the applicant can make to the community while pursuing education and after education is complete.