



# Tri-County Opportunities Council

Community Action Agency

405 Emmons Avenue, Rock Falls, IL 61071

Phone: (815)625-7830 Voice/TTY: 1-800-323-5434

www.tcochelps.org



## 2022 SCHOLARSHIP ANNOUNCEMENT Tri-County Opportunities Council Scholarships Available

The Illinois Department of Commerce and Economic Opportunity, through its Community Services Block Grant (CSBG), has made funds available to Tri-County Opportunities Council for at least twelve (12) scholarships of up to \$1,250 each for income-eligible students. Preference will be given to applicants wishing to pursue high-demand careers, although individuals pursuing other careers should not be discouraged from applying. Applicants of racial or ethnic minorities as well as previous scholarship recipients who meet the eligibility criteria are encouraged to apply.

To be eligible for a scholarship, the following criteria must be met:

- The applicant's total **household** income during the previous **30 days** must be equal to or less than:

1 person-	\$ 2,265.00	5 persons-	\$ 5,412.00
2 persons-	\$ 3,052.00	6 persons-	\$ 6,198.00
3 persons-	\$ 3,838.00	7 persons-	\$ 6,985.00
4 persons-	\$ 4,625.00	8 persons-	\$ 7,772.00
- The applicant must be planning to attend an accredited **Illinois** post-secondary educational institution during the fall of 2022. Scholarships will be pro-rated for less than full-time status. Full-time is considered at least 12 semester hours or more.
- The applicant must be a resident of Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark or Whiteside Counties.

All applications along with required documentation must be postmarked **by March 25, 2022**, for the application to be considered. **All applicants are required to meet with a member of the Agency staff to review the application and have the income documentation verified.** Scholarship winners will be announced prior to May 13, 2022. Scholarship checks will be mailed directly to the winner's institution of higher learning as indicated by the student on the application form.

Send application and required documentation to:      Scholarship Committee  
Tri-County Opportunities Council  
P.O. Box 610  
Rock Falls, IL 61071

For more information, please call 1-800-323-5434 ext. 710 or visit our website at [www.tcochelps.org](http://www.tcochelps.org).

### Our Mission

*Tri-County Opportunities Council will investigate the impact of poverty throughout our nine-county service area and will work, in partnership with individuals, families and communities to provide opportunities that supports movement towards stability and self-sufficiency.*

***Building Opportunities to Transform Communities***

Serving Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark and Whiteside Illinois Counties



**Tri-County Opportunities Council  
2022 SCHOLARSHIP APPLICATION INSTRUCTIONS**

- I. Application Form:**
- A. **Personal Data:** Thoroughly complete all sections.
  - B. **Household Members and Income Documentation:**
    - ✓ List all members of the household. Read directions for the description of household members. Include yourself in the listing.
    - ✓ List income and provide documentation under each of the categories that apply to your household. Total income is figured on the past **30 days**. Documentation must be provided for all income listed.
  - C. **Future Plans:** Please answer all questions. The description of your future plans and how this scholarship will help you meet your goals is very important to the Scholarship Selection Committee.
  - D. **References:** Thoroughly complete the information on the two people you will be using for references. **The persons listed in this section must provide a reference letter to submit with the application.**
  - E. **Voluntary Information:** We encourage applicants to complete this information, but it is not required.
  - F. **Affidavit:** Read. Sign and date the application form.
  - G. **Agency Verification of Income:** **Do Not** complete. This is for internal office use only.
- II. Income Documentation:** Must be included with the application form. Refer to I. A.
- III. Proof of Education:** College transcripts or high school academic records must be submitted with this application. For high school students, please make sure your ACT/SAT score is included in this documentation.
- IV. Reference Letters:** Refer to I.D.
- V. Submission:** Applications must be postmarked by **March 25, 2022**. Send completed application form, 30-day income documentation, two letters of reference, and proof of education to:
- Tri-County Opportunities Council  
Scholarship Committee  
P.O. Box 610  
Rock Falls, IL 61071
- VI. Follow-Up:** Once the Agency receives your complete scholarship application packet, you will be contacted by a member of the Tri-County Opportunities Council CSBG Outreach staff for a follow-up visit to complete an intake form and verify the household income. This process is required by the Department of Commerce and Economic Opportunity (DCEO) which funds the scholarship program. Applicants cannot be considered for scholarship awards unless they complete this process.

**Tri-County Opportunities Council**  
**SCHOLARSHIP PROGRAM APPLICATION**  
**2022**

Please Note: For your application to be considered you must:

1. Attach a transcript or certification of class rank or GPA from your present or last school. If you are a graduating high school student, please include ACT or SAT scores.
2. Provide proof of your family's gross income for the past **30 days** (letter from Public Aid, copies of checks, wage stubs, child support, etc.) Income documentation must be for all household members.

**PERSONAL DATA**

Name: \_\_\_\_\_ Sex:      Male      Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ U.S. Citizen:      YES      NO

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status:      Single      Married      Divorced      Widow/Widower

School Presently Attending or Last Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

**HOUSEHOLD MEMBERS AND INCOME DOCUMENTATION**

*(This section includes any person living in the same household as the applicant. Note: Once we receive your scholarship application, one of the agency CSBG Outreach Specialists will contact your family to complete an intake and confirm household income.)*

Number in Household: \_\_\_\_\_

Names and relationship of household members:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



## REFERENCES

Please provide the names, relationships, addresses, and telephone numbers of two references (*FAMILY MEMBERS CANNOT ACT AS REFERENCES*). Letters of reference from the persons listed below are also required.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

## VOLUNTARY INFORMATION

Please indicate racial/ethnic status:

Black/African American

White

Asian

Native American

Hispanic/Latino

Multi-Racial

Other: \_\_\_\_\_

## AFFIDAVIT

*I attest to the fact that the above is an accurate and complete disclosure of the requested information to the best of my knowledge. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted, as is receipt of scholarship money without school attendance. I authorize Tri-County Opportunities Council to publish my name should I be one of the scholarship recipients selected. I further understand that the final selection of recipients will be the responsibility of the Scholarship Committee of Tri-County Opportunities Council Board of Directors and that I may be required to provide additional information and that information I have submitted will be verified by Tri-County Opportunities Council.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if Applicant is under 18 years of age

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY: To be completed by Agency personnel**

**AGENCY VERIFICATION OF INCOME**

Wages/Salary	\$ _____
Social Security	\$ _____
Unemployment	\$ _____
TANF/Public Assistance	\$ _____
Child Support	\$ _____
Self-Employment	\$ _____
Pension	\$ _____
SSI/AABD	\$ _____
Interest/Dividends	\$ _____
Other _____	\$ _____
<b>Total 30 Day Income</b>	<b>\$ _____</b>
<b>Total Annual Income</b>	<b>\$ _____</b>

Staff Income Verification: \_\_\_\_\_ Date: \_\_\_\_\_

CSBG Intake Verification: \_\_\_\_\_ Date: \_\_\_\_\_