



# 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



## 2024 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:

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

1 person-	\$ 2,510.00	5 persons-	\$ 6,097.00
2 persons-	\$ 3,407.00	6 persons-	\$ 6,993.00
3 persons-	\$ 4,303.00	7 persons-	\$ 7,890.00
4 persons-	\$ 5,200.00	8 persons-	\$ 8,787.00

2. The applicant must be planning to attend an accredited **Illinois** post-secondary educational institution during the fall of 2024. Scholarships will be pro-rated for less than full-time status. Full-time is considered at least 12 semester hours or more.
3. 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 15, 2024**, for the application to be considered. Scholarship winners will be announced prior to May 12, 2024. Scholarship checks will be mailed directly to the winner's institution of higher learning as indicated by the student on the application form.

Send the 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**  
**2024 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.

**II. Income Documentation:** Must be included with the application form. Refer to I. B.

**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 15, 2024**. 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:** Upon receipt of your application, TCOC staff will identify any missing information and will send a letter regarding such. Applicants cannot be considered for an award unless all required information is submitted.

**Tri-County Opportunities Council**  
**SCHOLARSHIP PROGRAM APPLICATION**  
**2024**

Applicant's First Name: \_\_\_\_\_ Applicant's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School Presently Attending or Last Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

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

**HOUSEHOLD INFORMATION:** Use the codes below to complete household information

Head of Household Name	SS#	DOB	Age	Disab.	Gender	Eth	Race	Ed	Military	Emp	Hlth Ins	Lang	WIC
				Y N									Y N

Other Family Member's Names	SS#	DOB	Age	Disab.	Gender	Eth	Race	Ed	Military	Emp	Hlth Ins	Lang	Relat
				Y N									
				Y N									
				Y N									
				Y N									

**GENDER**  
M – Male  
F – Female  
O – Other  
U – Unknown/Not Reported

**ETHNICITY**  
H – Hispanic/Latino  
N – Non-Hispanic/Latino  
U – Unknown/Not Reported

**RACE**  
W – White  
B – Black or African American  
H – Native Hawaiian & Other Pacific Islander  
A – Asian  
I – American Indian/Alaskan Native  
M – Multi-Race (any 2 or More)  
O – Other  
U – Unknown/Not Reported

**EDUCATION**  
A – 0-8<sup>th</sup> Grade  
B – 9<sup>th</sup> – 12<sup>th</sup> (Non-Graduate)  
C – High School Diploma/GED  
D – 12 + Some Post-Secondary  
E – 2-4 Years College Graduate  
F – Graduate or Other Post-Secondary School  
U – Unknown/Not Reported

**MILITARY STATUS**  
A – Active Military  
V – Veteran  
N – None  
U – Unknown/Not Reported

**EMPLOYMENT STATUS**  
F – Employed Full-Time  
P – Employed Part-Time  
M – Migrant Seasonal Farm Worker  
R – Retired  
UL – Unemployed (Long Term, More than 6 months)  
UN – Unemployed (Not in the Labor Force)  
US – Unemployed (Short Term, 6 months or less)  
U – Unknown/Not Reported

**HEALTH INSURANCE**  
D – Direct Purchase  
E – Employer Based  
MD – Medicaid  
MR – Medicare  
MI – Military Health Care  
C – State Children's Health Insurance Program  
SA – State Health Insurance for Adults  
U – Unknown/Not Reported

**LANGUAGE**  
A – Arabic  
C – Chinese  
E – English  
F – French  
G – German  
I – Italian  
R – Russian  
S – Sign Language  
Sp – Spanish  
O – Other

**RELATIONSHIP TO HOF:**  
S – Spouse  
C – Child  
DP – Domestic Partner  
GR – Grandchild  
P – Parent  
R – Relative  
O – Other

**INCOME INFORMATION:** Enter income for the past 30 days for everyone 18 and older living in the household. Provide copies for verification.

Household Member's Name	Employment	Unemployment	TANF	SSI	General Asst/ Township	Social Security	Pension	Veteran Benefits	Child Support	Other Income

**Housing Information: (please circle)**

Single Family	Mobile Home –	2-4 Units
Single Room Occupancy	Lot Rent: \$_____	5-10 Units
		11 + Units

<b>Homeless</b>		
Chronically Homeless	Imminently At-Risk	Literally Homeless

FAMILY TYPE	HOUSING TYPE	CUSTOMER'S HOUSING PAYMENT
Foster Parents	Group Home	Mortgage: \$_____
Multigenerational Household	Homeless with Roof/Sheltered	Rent: \$_____
Non-Parent Adult(s) with Children	Homeless with Roof/Unsheltered	Section 8 pays: \$_____
Single Parent	Institutional	If there is no income, how are you paying for housing: _____ _____ _____
Single Person	Own	
Three or More Adults, No Children	Rent Not Subsidized	
Two Adults No Children	Rent Subsidized	
Two or More Related Adults with Children	Other: _____	
Two Parent Family	Unknown/Not Reported	
Other: _____		
Unknown/Not Reported		

**FUTURE PLANS:**

What Illinois college/university will you attend in the fall of 2024? \_\_\_\_\_

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

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

What other financial aid are you applying for? \_\_\_\_\_

Please describe your future goals and how this scholarship would help you attain those goals. (Add page if needed).

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**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: \_\_\_\_\_

**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 to obtain assistance is a fraudulent offense for which I can be prosecuted, as is receiving 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 understand that the final selection of recipients will be the responsibility of Tri-County Opportunities Council Board of Directors Scholarship Committee and that I may be required to provide additional information, and Tri-County Opportunities Council will verify the information I have submitted.*

*Tri-County Opportunities Council does not discriminate against any applicant based on race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

- Include a transcript or certification of class rank or GPA from your present or last school. In addition, if you are a graduating high school student, please include ACT or SAT scores.
- Provide proof of your household's gross income for the past **30 days** (employment, unemployment, pension, TANF, SSI, Social Security, general assistance/township, veteran benefits, child support, etc.).
- Provide copies of social security cards for all members living in the household.
- Scholarship and additional information can be emailed to **tcoc@tcohelps.org** or mailed directly to:

**Tri-County Opportunities Council**

**ATTN: Scholarship**

**P.O. Box 610**

**Rock Falls, IL 61071**