

Western Illinois Regional Council - Community Action Agency's Summer Camp Youth Scholarships Available

Western Illinois University (WIU), Spoon River College (SRC), Carl Sandburg College (CSC) and the YMCA have a limited number of scholarships available, made possible through the Western Illinois Regional Council-Community Action Agency and the Community Services Block Grant (CSBG) program funding. These scholarships are available only to students residing in the counties of **Hancock, Henderson, McDonough and Warren** and potentially eligible students must be making application to attend one of the following summer camps: band/choir, continuing education, SRC's Summer Youth Program, CRC's Kids on Campus or the YMCA's summer session. A CSBG application must be completed in its entirety (attached) and income documentation must be included to ensure that the household meets the following income eligibility guidelines to be considered:

**Total Persons
In Household**

**30- Day Gross
Income Prior to
Application Date**
(amounts used to give applicants
an estimate as to eligibility)

**90- Day Gross
Income Prior to
Application Date**
(amounts that can't be exceeded, and must be
documented and submitted with application)

1	\$1,301	\$3,903
2	1,761	5,284
3	2,222	6,666
4	2,682	8,047
5	3,142	9,428
6	3,603	10,809
7	4,061	12,191
8	4,524	13,572
For each additional household member, add...	460	1,381

The purpose of the WIRC-CAA youth scholarship program is to provide an opportunity for income eligible students to attend a sponsored summer camp that they might otherwise not be able to participate in. Camps are typically weeklong opportunities which will promote educational and skill enhancement in a variety of areas and disciplines and/or the YMCA's summer session.

The CSBG Intake form (below), with income documentation for 90 days gross income prior to application (**copies of check stubs, etc.**), must be completed and included within the camp application package. If a household claims no income status, the Zero Income Affidavit (below) must be completed as documentation. **Please make sure the social security numbers for all household members are included on the application.** If any information is not included, the application will be considered incomplete and will not be given further consideration for the camp scholarship. In the event an application is not used by the particular camp applied to, the Intake form must still be completed and income documentation provided as the WIRC-CAA must ensure that income eligible youth are the recipients of this assistance.

Scholarships will be awarded on a first come, first awarded basis until the funding is depleted through distribution. The number of scholarships is very limited (\$2,500 total program budget), so an early application is encouraged.

CSBG INTAKE FORM

NAME: _____ ADDRESS: _____

CITY/ZIP: _____ PHONE: (____) _____

Does family receive Food Stamps? Yes No Have Health Insurance? Yes No Have Medical Card? Yes No

Family housing is (Check all that apply)	Type of Household: (Check one)	Head of Family is (Check all that apply)
Rented _____	Single Parent/Female _____	Farmer _____
Subsidized _____	Single Parent/Male _____	Seasonal Farmer _____
Owned _____	Two Parent Household _____	Migrant Farmworker _____
Homeless _____	Two Adults/No Children _____	Veteran _____
Other _____	Single Person _____	
Rent Amount \$ _____	Other _____	

USE THE FOLLOWING CODES TO COMPLETE HOUSEHOLD INFORMATION:

- | | | | |
|-------------------|------------------------------|-------------------------|-------------------|
| <u>RACE</u> | <u>EDUCATION</u> | <u>SOURCE OF INCOME</u> | F Social Security |
| B Black | A 0-8 | A Employment | G Unemployment |
| N White | B 9-12(non graduate) | B Pension | H Other |
| H Hispanic | C High School diploma/G.E.D. | C TANF | I Disability |
| N Native American | D 12+ | D S.S.I. | J No Income |
| A Asian | E College graduate | E General Assistance | K Child Support |

Names of Household members	SS Number	Date of Birth	Age	Sex	Race	Education	Income Source	Disabled Y or N
Applicant								

Household monthly income:
 Source: _____ Amount: _____ Source: _____ Amount: _____ Source: _____ Amount: _____
 TOTAL MONTHLY INCOME: \$ _____

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

APPLICANT STATEMENT: I certify that the above information is an accurate 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.

Signature of APPLICANT _____ Date _____
 NTAKE Signature _____ Date _____

