

CITY OF ROCKFORD HUMAN SERVICES DEPARTMENT
555 N. Court St. Suite 301 Rockford, IL 61103 (815) 987-5711
2013 SCHOLARSHIP APPLICATION

PART ONE – SCHOLARSHIP APPLICATION

APPLICATION DEADLINE – March 22nd, 2013

Applicant's Information

SOCIAL SECURITY NUMBER _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE _____ DATE OF BIRTH _____

GENDER

- MALE
 FEMALE

DISABLED

- YES
 NO

ETHNICITY

- BLACK NAT. AMER.
 WHITE ASIAN
 HISPANIC OTHER

EDUCATION LEVEL

- A (0 – 8)
 B (9-12 NON GRAD)
 C (HS/GED)
 D (12 +)
 E (UNKNOWN)
 F (COLLEGE GRAD)

FOOD STAMPS

- YES
 NO

HEALTH INS

- YES (PRIVATE)
 NO
 MEDICAID
 MEDICARE

FARMER

- YES
 NO

VETERAN

- YES
 NO

FAMILY TYPE

- FEM SINGLE PARENT
 MALE SINGLE PARENT
 TWO PARENT
 COUPLE, NO CHILDREN
 SINGLE
 OTHER

HOUSING STATUS

- RENT AMOUNT _____
 OWNER
 HOMELESS (INCLUDES THOSE LIVING WITH OTHERS OR CONDEMNATIONS)
 OTHER

MONTHLY INCOME SOURCE OF SCHOLARSHIP APPLICANT

- (EMPLOYMENT) (UNEMPLOYMENT) (SOCIAL SECURITY) (TANF)
 (GEN. ASST.) (SSI/SSD) (PENSION) (DISABILITY)
 (NONE) CHILD SUPPORT

GROSS MONTHLY INCOME AMOUNT OF APPLICANT \$ _____

A. APPLICANT'S EDUCATIONAL BACKGROUND

1. Name & city of last high school you attended/dates attended:

_____	_____	_____
Name of School	City	Dates Attended
Did you: _____ Graduate	OR	_____ Obtain GED

B. EDUCATION INFORMATION

1. Have you had any post high school education? _____ Yes _____ No
If yes, provide a brief explanation _____
2. Highest level of education completed _____
3. Illinois educational institution you plan to attend: _____
4. Dates you plan to attend _____
5. Have you applied there? _____ Yes _____ No
6. Have you been accepted there? _____ Yes _____ No
7. Are you already a student there? _____ Yes _____ No
8. What is/will be your course of study? _____
9. Most recent grade point average (high school or college) _____
10. Applicant's father's highest level of education? _____
10. Applicant's mother's highest level of education? _____

C. FINANCIAL ASSISTANCE

1. List other financial assistance you have applied for. Indicate amount and if each is approved, denied or pending.

_____	_____
_____	_____

D. APPLICANT'S PERSONAL INTERESTS AND GOALS (attach additional pages if necessary)

1. Describe why setting goals are important. _____

2. Discuss your greatest accomplishment and how it changed your life. _____

3. What are your hobbies and/or activities or volunteer work in which you participate/participated while in school? _____

4. What is the one thing you have learned to enable yourself to be successful in life?

HOUSEHOLD INFORMATION (INDICATE IN BOX BELOW IF OTHER MEMBERS OF HOUSEHOLD HAVE INCOME. SHOW SOURCE AND GROSS AMOUNT)

SOCIAL SECURITY #	NAME	M/F	BIRTHDATE	AGE	DISABLED Y/N	MONTHLY INCOME	SOURCE

NUMBER IN HOUSEHOLD _____ **TOTAL ANNUAL GROSS HOUSEHOLD INCOME \$** _____

E. HOUSEHOLD INCOME

To determine income eligibility, applicants are required to submit documentation on the total family GROSS income (income before taxes and any other deductions). "Family" refers to the adult related persons living in your household. Please list all income sources such as (wages, unemployment, public aid, etc.) and the amount received from each source in the past twelve months. This information will be kept confidential. **YOU MUST ATTACH DOCUMENTATION FROM AN OFFICIAL SOURCE OF ALL INCOME. FAILURE TO INCLUDE THIS INFORMATION WILL RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION.**

FAMILY MEMBER

INCOME SOURCE

_____	_____
_____	_____
_____	_____

Based on family size, the total family annual gross income (income before deductions) may not be more than:

1 person	\$13,963	4 persons	\$28,813
2 persons	\$18,913	5 persons	\$33,763
3 persons	\$23,863	6 persons	\$38,713

Families with more than 8 persons add 4,950 per person

F. REFERENCES

Please submit 2-3 letters of reference in sealed envelopes. These may be from previous employers, teachers, ministers or anyone who has known the applicant for at least one year. Family members/relatives may not be used as references. Letters of reference should include the capacity in which the person knows you, the length of acquaintance, comments on your character, skills, traits, etc. and other pertinent information. Letters must include the name, position, address and phone number of the writer and will remain confidential.

G. OTHER REQUIRED DOCUMENTATION

- ◆ PROOF OF 12 MONTHS GROSS INCOME FOR ANYONE IN THE HOME RECEIVING INCOME
- ◆ LETTER OF ACCEPTANCE FROM AN ILLINOIS ACCREDITED EDUCATIONAL INSTITUTION
- ◆ SOCIAL SECURITY CARDS OR AN OFFICIAL PRINTSOUT FROM THE SOCIAL SECURITY OFFICE, PHOTO ID FROM ALL ADULTS LIVING IN THE HOME
- ◆ COMPLETED APPLICATION

H. CERTIFICATION

I certify that the information I have provided in this application is an accurate and complete disclosure of the requested information. I hereby authorize the Human Services Department to verify the above information and to contact any and all applicable parties for verification or additional information. I hereby authorize release of this and other documents pertaining to my financial need, enrollment status and other information submitted to the organization for purposes of determination of my eligibility for this scholarship program only. I understand that final determination rests with the Rockford Human Services Department.

Signature

Date

ALL APPLICATIONS MUST BE POSTMARKED OR HAND-DELIVERED TO THE CITY OF ROCKFORD HUMAN SERVICES DEPARTMENT AT 555 N. COURT STREET SUITE 301 BY 4:00 PM ON MARCH 22rd, 2013.