



410 West Main Street, West Frankfort, IL 62896 * Phone 618.937.3581 * Fax 618.937.3583

TO: Applicants
FROM: Rayeanne Miner, Scholarship Coordinator
RE: Crosswalk CAA Scholarship

The Crosswalk Community Action Agency is awarding \$500.00 scholarships to Franklin, Williamson, Jefferson, and Jackson county residents for summer or fall semesters. Scholarships are limited and are available on a first come, first served basis. The Department of Commerce and Economic Opportunity provides this scholarship funding.

Enclosed is a scholarship application, students must meet a list of requirements to be eligible for a CCAA scholarship. We require proof of income for **ALL** household members; applicants can send copies of income directly to Crosswalk. CCAA will not consider any applications, which are not complete and accurate.

Please note; the deadline for high school students that wish to be recognized at their school's awards ceremonies is **April 1, 2025**. However, Crosswalk will accept applications until July 31, 2025, or until funding is depleted.

Because of the Crosswalk CAA scholarship program, many recipients have gone on to achieve their goals and have made significant contributions to the community and beyond. The realization is that without scholarships it would not have been possible for many of those students to enroll in college.

For further information, please call CCAA at 937-3581.

Mail or drop off completed applications to:
Crosswalk Community Action Agency
410 West Main
West Frankfort IL, 62896
Attn: Scholarships

Serving Franklin, Jackson, Jefferson, and Williamson Counties

Mission Statement for Crosswalk Community Action Agency

Crosswalk Community Action Agency will strive to improve conditions in which people live, learn, work, and incorporate any other services that will result in the social and economic development within Franklin, Jackson, Jefferson and Williamson Counties.



Helping People. Changing Lives.

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2024 INCOME GUIDELINES

<u>Family Size</u>	<u>30 Days</u>
1	\$2,608
2	\$3,525
3	\$4,442
4	\$5,358
5	\$6,275
6	\$7,192
7	\$8,108
8	\$9,025

This guideline is subject to change.

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Crosswalk Community Action Agency

Scholarship Program

When filling out your scholarship application here are a few things to remember...

- Application must be filled out in **ink**.
- Application must be **completed, printed, and legible**.
- Applications must be original; no faxed or e-mailed applications will be accepted.
- **ALL GROSS** household income must be reported, 30 days total, and we cannot accept income tax returns as proof of income.
- You must be a full-time student to receive a scholarship.
- We do not cover back tuition.
- Scholarship cannot be used for graduate school.
- You cannot have been a recipient of more than two scholarships from Crosswalk CAA.
- Deadline is August 1, 2025.
- **CURRENT EMAIL ADDRESS IS VERY IMPORTANT, AS I DO MOST OF MY COMMUNICATION THROUGH EMAIL.**

****Please note: If you have more family members than the application allows, please make additional copies of the **FAMILY MEMBER INFORMATION** page and add them to your application. All family members living in your household must be reported on the application.

Thank you.

Checklist for Scholarship Application

- _____ Application is **neatly and completely** filled out in ink.
- _____ School information is completed by a counselor, principal, or school official.
- _____ Photo ID
- _____ Proof of Address
- _____ Proof of 30-day gross income for **ALL** household members 18 years of age or older.
- _____ **COPY** of Social security cards for **EVERY** member of the household.
- _____ Child support form. (If applicable)

****Applications will not be considered if they are not filled out completely and requested documentation is not turned in.

.....
For CCAA Use Only
.....

Student: _____

- _____ Approved
- _____ Denied
- _____ Amount Awarded \$ _____
- _____ Tuition and Fees Statement received Date: _____
- _____ Copy of Check Request Date: _____
- _____ Final Grades Received Date: _____

CROSSWALK COMMUNITY ACTION AGENCY

SCHOLARSHIP APPLICATION

DATE: ____/____/____

STUDENT DEMOGRAPHICS:

First Name M.I. Last Name Social Security #

Address () - Phone

City State Zip Code County

Email

_____/_____/_____
Birthdate Age Gender Primary Language

Alternate Contact Relationship Phone Number

RACE

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- Multi-Race (any 2 or more)
- White
- Other
- Unknown/Not Reported

EDUCATION

- 0-8
- 9-12/Non-Graduate
- High School Diploma/GED
- 12+/Some Post-Secondary
- 2/4 Year College
- Graduate
- Other Post-Secondary School
- Unknown/Not Reported

ETHNICITY

- Hispanic/Latino
- Non-Hispanic/Latino
- Unknown/Not Reported
- Military Status (Veteran)**
- None
- Veteran
- Active Military
- Unknown/Not Reported

ARE YOU EMPLOYED? ___ Yes ___ No

WORK STATUS

- Employed Full Time
- Employed Part-Time
- Migrant Seasonal Farm Worker
- Unemployed (short term, 6 mos or less)
- Unemployed (long term, more than 6 mos)
- Unemployed (not in the labor force)
- Retired
- Unknown/Not Reported

INCOME TYPE

- Wages
- TANF
- SSI
- SSDI (Social Security)
- SSA (Social Security)
- VA Service
- VA Non-Service
- Private Disability Insurance
- Workers Compensation
- Retirement Income from SSI
- Pension
- Child Support
- Alimony or Other Spousal Support
- Unemployment Insurance
- EITC
- Other
- Unknown/Not Reported

Employer: _____

Start Date: ____/____/____ End Date: ____/____/____

Income Frequency: ___ weekly ___ bi-weekly ___ monthly ___ other: explain _____

COLLEGE INFORMATION:

	Yes/No	Amount
Are you applying for or receiving state or federal grants?	_____	\$ _____
Additional Scholarships?	_____	\$ _____
Will you receive any other monetary assistance?	_____	\$ _____

Name of college you are planning on or attending now (must be an Illinois college and not online)

<u>College</u>	<u>Planned Major</u>
_____	_____
_____	_____

State your reasons in 100 words or less why you are applying for this scholarship:

TO BE COMPLETED BY COUNSELOR, PRINCIPAL, OR OTHER SCHOOL OFFICIAL:

- A. ACT Composite Score: _____
SAT Composite Score: _____
- B. Class Rank
Rank: _____ Class Size: _____
GPA: _____
- C. Signature of School Official: _____ Date: ____/____/____
Title: _____
School: _____
County: _____
Telephone: (____) _____ - _____

FAMILY MEMBER DEMOGRAPHICS:

First Name M.I. Last Name Social Security #

____/____/____ _____ _____ (____) _____ - _____
Birthdate Age Gender Phone Primary Language

Relationship to Student: _____

RACE

- ___ American Indian/Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian/Pacific Islander
- ___ Multi-Race (any 2 or more)
- ___ White
- ___ Other
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- ___ 2/4 Year College
- ___ Graduate
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- ___ Unknown/Not Reported

ETHNICITY

- ___ Hispanic/Latino
- ___ Non-Hispanic/Latino
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- ___ None
- ___ Veteran
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Start Date: ____/____/____ End Date: ____/____/____

Income Frequency: ___ weekly ___ bi-weekly ___ monthly ___ other: explain _____

HOUSEHOLD INFORMATION:

TOTAL NUMBER OF PERSONS IN HOUSEHOLD: _____

TOTAL HOUSEHOLD INCOME FOR PREVIOUS 30 DAYS \$ _____
(Must provide proof of income)

	Yes	No
Health Insurance	___	___
Medicaid	___	___
Medicare	___	___
Unknown	___	___

LIHEAP Assistance ___ Eligible ___ Not Eligible ___ Referred _____

LINK/SNAP ___ Monthly Amount Received: \$ _____ Referred _____

FAMILY TYPE

___ Single	___ Non Parent Adult(s) w/children
___ Single Parent	___ Other: _____
___ 2 Adults No Children	
___ 2 Parent Family	

HOUSING TYPE

___ Own	___ Group Home
___ Rent	___ Homeless Unsheltered
___ Subsidized Rent	___ Homeless Shelter
___ Institutional	___ Other: _____

DWELLING TYPE

___ Single-Family	
___ Multiple Units	# of units: ___ 2-4 ___ 5-10 ___ 11 or more
___ Mobile Home	
___ Single Room Occupancy	
___ Other:	_____

LANDLORD/MORTGAGE COMPANY INFORMATION:

Landlord Name/Mortgage Company () _____
Phone Number

Address City State Zip Code

\$ _____
Monthly Rent/Payment

_____/_____/_____
Date Moved In

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

Application Statement: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/or documentation and my signature; I authorize the release of such information as may be required for the determination of my eligibility.

In addition, I am aware that if the application is found fraudulent the scholarship must be repaid.

_____/_____/_____
Applicants Signature Date

_____/_____/_____
Intake Workers Signature Date

CROSSWALK COMMUNITY ACTION AGENCY SCHOLARSHIP CONFIDENTIALITY AGREEMENT

I agree and give my permission to the institution that I attend that if awarded a scholarship from Crosswalk Community Action Agency my grades will be forwarded at the end of the semester directly to Crosswalk Community Action Agency.

_____/_____/_____
Applicants Signature Date

Social Security Number

**CROSSWALK COMMUNITY ACTION AGENCY
CSBG CHILD SUPPORT STATEMENT**

FOR THE PERIOD OF: ____/____/____ to ____/____/____ (30 DAYS)

APPLICANT: _____

NAME OF CHILD	AMOUNT RECEIVED
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

TOTAL AMOUNT RECEIVED _____

MY CHILD SUPPORT PAYMENTS ARE RECEIVED THROUGH:

- _____ the county courthouse
- _____ directly from the absent parent/party
- _____ State Disbursement Unit (SDU)
- _____ other (specify) _____

SIGNATURE

DATE

THIS IS TO CERTIFY THAT I HAVE NOT RECEIVED CHILD SUPPORT FROM ANY SOURCE IN THE TIME FRAME ABOVE. CROSSWALK STAFF HAS GIVEN ME A COPY OF THE **"CHILD SUPPORT PROGRAM FACT SHEET"**, PROVIDED BY THE DIVISION OF CHILD SUPPORT SERVICES. THIS INFORMATION WILL HELP ME TO APPLY FOR OR TO GET MORE INFORMATION ON CHILD SUPPORT SERVICES.

SIGNATURE

DATE