

**ST. CLAIR COUNTY  
COMMUNITY ACTION AGENCY  
2026 SCHOLARSHIP PROGRAM**



**SCHOLARSHIPS ARE AVAILABLE FOR  
ST. CLAIR COUNTY RESIDENTS**

**APPLICATION DEADLINE: JULY 1, 2026 BY 4:00 P.M.**

**THIS PROGRAM IS FUNDED BY THE ILLINOIS DEPARTMENT OF COMMERCE  
AND ECONOMIC OPPORTUNITY THROUGH THE COMMUNITY SERVICES  
BLOCK GRANT PROGRAM (CSBG), IN ACCORDANCE WITH FEDERAL RULES  
AND THE ILLINOIS ECONOMIC OPPORTUNITY ACT.**

# ST. CLAIR COUNTY COMMUNITY ACTION AGENCY SCHOLARSHIP PROGRAM

## Background

The Community Services Block Grant (CSBG) Program was created by the federal Omnibus Budget Reconciliation Act of 1981. The CSBG Program is designed to provide a range of services that assist low-income people to attain skills, knowledge and motivation necessary to achieve self-sufficiency.

The Illinois Department of Commerce and Economic Opportunity administer the CSBG Programs in accordance with federal rules and the Illinois Economic Opportunity Act. In its administration, the department places equal emphasis on self-sufficiency efforts and providing relief for the immediate needs of low income.

As a result of CSBG funding the St. Clair County Intergovernmental Grants Department/Community Action Agency administers this Scholarship Program. This program provides scholarships to **eligible residents** of St. Clair County who desire to continue their educational endeavors and demonstrate financial need.

## Awards

Each recipient will receive a \$1,000 to \$4,000.00 scholarship to be applied toward educational expenses. Special consideration will be given to students in high growth occupations and disadvantaged persons of high academic attainment or potential; and preference will be given to applicants of racial or ethnic minorities. Awards will be disbursed directly to the college or university.

## Eligibility

To be considered the parent, guardian, or applicant must **meet all of the following criteria:**

- Graduating high school senior or adult enrolled in undergraduate studies or occupational training at an accredited two- or four-year college or university for the Fall 2026 academic semester.
- Full-time online coursework for the Fall 2026 academic semester.
- Applicant must be enrolled in courses for a minimum of 12 credit hours for the Fall 2026 semester.
- Resident of St. Clair County.
- Possess a minimum cumulative G.P.A of 2.5 on a 4.0 scale.
- Household must meet the federal income guidelines.

## **HOUSEHOLD INCOME GUIDELINES**

**200% of Federal Poverty**

**INCOME GUIDELINES ARE SUBJECT TO CHANGE**

# Of People Living in Household	Gross Income for 30 days Prior to Application Date
1	\$2,660
2	\$3,607
3	\$4,553
4	\$5,500
5	\$6,447
6	\$7,393
7	\$8,340
8	\$9,287

**For each additional person add \$947 monthly  
Guidelines effective January 13, 2026 and are subject to change.**

**Instructions:**

**Please read carefully - *applications are considered incomplete without the following information.***

- Applicant must be a resident of St. Clair County.
- Falsification of income or any documents will automatically disqualify the applicant.**
- A completed application, signed by the head of household or applicant if head of household.
- The **head of household** must sign the enclosed St. Clair County IGD Applicant Disclosure Form.
- Valid** Illinois Driver's License or State I.D. for head of household and applicant.
- Social security cards for **all** household members.
- Medical card, if applicable.
- Head of household's** proof of **residency** (current lease and occupancy permit or mortgage statement and proof of paid taxes)
- Proof of your family's total income for **30 days** prior to the date of application (The application date is the day the application is submitted to the agency. **For Example: 30-day income required is from June 2, 2026 – July 2, 2026**). If household members age 18 and over have no income, they must present a current **Illinois Job Link Profile** from the Illinois Department of Employment Securities (IDES) Office (**with current activity for job searches**) **OR** provide a **current school schedule**. Household members over the age of 18 who do not have any income must complete an **Income Affidavit** at the office.
- 150-300** word essay about your background and educational endeavors and how this scholarship will help you meet your goals (handwritten essays are unacceptable).
- Two (2)** letters of recommendation; one from a professional educator or professional employer on letterhead, **and** one personal recommendation.
- Fall** semester class schedule or letter from school reflecting enrollment for a minimum of 12 credit hours.
- Current 2025-2026 Federal Student Aid Report** (The FSAR report is the processed Free Application for Federal Student Aid (FAFSA) results; to file for FAFSA go to [www.fafsa.ed.gov/index.htm](http://www.fafsa.ed.gov/index.htm)).
- College students must provide a current **official** transcript.
- High school graduates must provide an **official** high school transcript.
- Students with a GED must provide an **official** copy of the GED scores.
- First-time students must attach a letter of acceptance from an accredited Illinois educational institution.
- Please forward completed applications with required documentation to **St. Clair County Community Action Agency, 19 Public Square, Suite 200, Belleville, IL. 62220-1624, ATTN: CSBG Scholarship Program**

---

**College Information:**

College/University Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Intended Major: \_\_\_\_\_

Anticipated Graduation date/year: \_\_\_\_\_

Education Status: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior (Please check one)

**Estimated College Expense:**

Tuition \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Supplies \$ \_\_\_\_\_ Fees: \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Are you currently enrolled in a Workforce Investment Act (WIA) sponsored program? Please circle one: Yes / No

---

**Selection Criteria and Notification Process**

Awards will be based on the information provided on the application form, the personal essay, academic performance and demonstrated financial need. Eligible applicants may be interviewed by the Ad Hoc Scholarship Committee and notified by mail of the Ad Hoc Scholarship Committee's decision.

**DISCLAIMER:**

**ST. CLAIR COUNTY INTERGOVERNMENTAL GRANTS DEPARTMENT EMPLOYEES, AFFILIATE GOVERNMENTAL AND COMMUNITY BASED INSTITUTIONS AND MEMBERS OF THEIR IMMEDIATE FAMILY (PARENT, CHILD, SPOUSE, SIBLINGS, AND THEIR RESPECTIVE SPOUSES, REGARDLESS OF WHERE THEY RESIDE, OR A PERSON LIVING IN THE SAME HOUSEHOLD, WHETHER OR NOT RELATED) ARE INELIGIBLE TO PARTICIPATE.**



# ST. CLAIR COUNTY COMMUNITY ACTION AGENCY

19 Public Square • Suite 200 • Belleville, Illinois 62220-1624 • 618.277.6790 • 618.825.3269 Fax

## Dear Scholarship Applicant:

To expedite the application process, St. Clair County Community Action Agency has outlined bullet points that will aid you in completing the scholarship application.

- Please check income guidelines in the application to determine income eligibility.
- Read the application thoroughly to ensure proper completion. **Incomplete applications will not be considered.**
- All applicants must provide proof of income for all household members. The income must be for thirty **(30) days prior** to the date the application is submitted.
- Household members **18 years of age or older with no income** during the 30 day time period must submit a current **Illinois Job Link Profile** from the Illinois Department of Employment Security (IDES) Office (**with current activity for job searches**) or provide a **current school schedule**.
- If you have **more than five members** in your household, please request an additional intake form or make extra copies.
- The application must be signed by the head of household; if the student is the head of household then the student must sign the application.
- The head of household must sign the St. Clair County IGD Applicant Disclosure Form.
- Please submit the completed application **by July 1, 2026**, to:

**St. Clair County Community Action Agency  
19 Public Square Suite 200  
Belleville, IL 62220-1624  
Attn: CSBG Scholarship Program**

**\*\*\* INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED \*\*\***

Please remember applicants selected for scholarship consideration **may be interviewed** by the Ad Hoc Scholarship Committee.

**If you have any questions, please contact us at (618) 277-6790 ext. 3276.**

Application Date: \_\_\_\_\_  
 Household Size: \_\_\_\_\_  
 Referred By: \_\_\_\_\_

**St. Clair County Community Action Agency  
 Scholarship Program  
 Intake Form-PY2026**

***Head of Household Demographic Information: \* See Demographic Key and Income Guidelines below:***

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Relationship: Self \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Income Source: \_\_\_\_\_ Race: \_\_\_\_\_  
 30-Day Income Amount: \$ \_\_\_\_\_ Education Level: \_\_\_\_\_

***Family Members: \* See Demographic Key and Income Guidelines below:***

*For additional family members, use additional intake form.*

Name: _____	Name: _____
Relationship: _____	Relationship: _____
D.O.B.: _____	D.O.B.: _____
Race: _____	Race: _____
Income Source: _____	Income Source: _____
30-Day Income Amount: \$ _____	30-Day Income Amount: \$ _____

***Household Information:***

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: (     ) \_\_\_\_\_

Is Family Homeless? Yes \_\_\_ No \_\_\_  
 Does Family Receive Food Stamps? Yes \_\_\_ No \_\_\_  
 Does Family Have Health Insurance? Yes \_\_\_ No \_\_\_  
 If Yes, List Insurance Source: \_\_\_\_\_

**Housing Type** (Check One)

**Marital Status** (Check One)

**Family Type** (Check One)

**Other** (Check One)

Rent \_\_\_\_\_  
 Amt.\$ \_\_\_\_\_  
 Own \_\_\_\_\_  
 Other \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_  
 Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_  
 Widow(er) \_\_\_\_\_

Single Person \_\_\_\_\_  
 Single Parent/Female \_\_\_\_\_  
 Single Parent/Male \_\_\_\_\_  
 Two Parent Household \_\_\_\_\_  
 Two Adults/No Children \_\_\_\_\_

Veteran \_\_\_\_\_  
 Farmer \_\_\_\_\_  
 Seasonal Farmer \_\_\_\_\_  
 Migrant Farm Worker \_\_\_\_\_

**Demographic Key**

<b>RACE:</b>	<b>INCOME SOURCE:</b>	<b>EDUCATION LEVEL:</b>
• Black	• SSA	• 0-8
• White	• SSDI	• 9-12
• Hispanic	• SSI	• High School
• American Indian or Alaska Indian	• TANF	• Graduate
• Asian	• Employment	• 12+
• Other (specify)	• Unemployment	• College Graduate
	• General Assistance	• Other(specify)
	• Pension	
	• Other(specify)	

**200% Federal Poverty Income Guidelines**

Family Size	30 Day Income
1	\$2,660.00
2	\$3,607.00
3	\$4,553.00
4	\$5,500.00
5	\$6,447.00
6	\$7,393.00
7	\$8,340.00
8	\$9,287.00

**APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION**

APPLICANT 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 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. **I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature Signature Feb 2026

***Additional Household Members:\* Use Demographic Key on previous page***

*For additional family members, use additional intake form.*

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

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

D.O.B.: \_\_\_\_\_

Race: \_\_\_\_\_

Income Source: \_\_\_\_\_

30-Day Income Amount: \$ \_\_\_\_\_

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

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

D.O.B.: \_\_\_\_\_

Race: \_\_\_\_\_

Income Source: \_\_\_\_\_

30-Day Income Amount: \$ \_\_\_\_\_

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

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

D.O.B.: \_\_\_\_\_

Race: \_\_\_\_\_

Income Source: \_\_\_\_\_

30-Day Income Amount: \$ \_\_\_\_\_

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

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

D.O.B.: \_\_\_\_\_

Race: \_\_\_\_\_

Income Source: \_\_\_\_\_

30-Day Income Amount: \$ \_\_\_\_\_

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

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

D.O.B.: \_\_\_\_\_

Race: \_\_\_\_\_

Income Source: \_\_\_\_\_

30-Day Income Amount: \$ \_\_\_\_\_

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

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

D.O.B.: \_\_\_\_\_

Race: \_\_\_\_\_

Income Source: \_\_\_\_\_

30-Day Income Amount: \$ \_\_\_\_\_



# ST. CLAIR COUNTY COMMUNITY ACTION AGENCY

19 Public Square • Suite 200 • Belleville, Illinois 62220-1624 • 618.277.6790 • 618.825.3269 Fax

## Income Affidavit

I, \_\_\_\_\_, attest to the fact that I have received \$ \_\_\_\_\_  
for the period covering \_\_\_\_\_ to \_\_\_\_\_.

I met my financial obligations during this period by:

---

---

---

**I understand that to perjure (willfully tell the untruth) myself in order to obtain assistance is a fraudulent offense, for which I can be prosecuted.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

Rev. 1/22/2014

St. Clair County Intergovernmental Grants Department  
Disclosure Form

I \_\_\_\_\_ attest to the best of my knowledge that:

Please check one

- I am not an employee, related to, or have any relationship including being an acquaintance of anyone employed by the St. Clair County Intergovernmental Grants Department.
- I am an employee of the St. Clair County Intergovernmental Grants Department.  
Division \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_
- I am related to or have a relationship including being an acquaintance of an employee of the St. Clair County Intergovernmental Grants Department.  
Name of employee \_\_\_\_\_  
Relationship to employee \_\_\_\_\_
- I am related to or have a relationship including being an acquaintance of a board member of the St. Clair County Community Action Agency Board.  
Name of Board member \_\_\_\_\_  
Relationship to Board member \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**I certify that my responses to the above questions are complete and correct to the best of my knowledge. I understand the disclosure of this information may or may not disqualify me for services, nor give me an advantage to any benefit programs within St. Clair County Intergovernmental Grants Department.**

**Office Use Only**

I have reviewed the potential conflict of interest with the above named applicant and determined:

- There is no conflict.**
- A potential conflict exists, and procedures have been implemented to address it. (See Attachment).**

\_\_\_\_\_  
Coordinator/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
IGD Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Member

\_\_\_\_\_  
Date



# ST. CLAIR COUNTY COMMUNITY ACTION AGENCY

19 Public Square • Suite 200 • Belleville, Illinois 62220-1624 • 618.277.6790 • 618.825.3269 Fax

## Release Form

I, \_\_\_\_\_, authorize the St. Clair County Intergovernmental Grants Department/Community Action Agency to release my name, city and state that I reside and photograph for media purposes only.

I have read and acknowledged the above statement.

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

(If applicable)