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**2025 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 and 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- $ 2,608.00 5 persons- $ 6,275.00

 2 persons- $ 3,525.00 6 persons- $ 7,192.00

 3 persons- $ 4,442.00 7 persons- $ 8,108.00

 4 persons- $ 5,358.00 8 persons- $ 9,025.00

2. The applicant must be planning to attend an accredited **Illinois** post-secondary educational

 institution during the fall of 2025. 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 and required documentation must be postmarked **by March 14, 2025,** for the application to be considered. Scholarship winners will be announced prior to May 16, 2025. 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.*



**Tri-County Opportunities Council**

**2025 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 14, 2025.** 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**

**2025**

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** |
|  |  |  |  | YN |  |  |  |  |  |  |  |  | YN |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other Family Member's Names** | **SS#** | **DOB** | **Age** | **Disab.** | **Gender** | **Eth** | **Race** | **Ed** | **Military** | **Emp** | **Hlth Ins** | **Lang** | **Relat** |
|  |  |  |  | YN |  |  |  |  |  |  |  |  |  |
|  |  |  |  | YN |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| GENDERM – MaleF – FemaleO – OtherU – Unknown/Not Reported | ETHNICITYH – Hispanic/LatinoN – Non-Hispanic/LatinoU – Unknown/Not Reported | RACE W – WhiteB – Black or African AmericanH – Native Hawaiian & Other Pacific IslanderA – AsianI – American Indian/Alaskan NativeM – Multi-Race (any 2 or More)O – OtherU – Unknown/Not Reported | EDUCATIONA – 0-8th GradeB – 9th – 12th (Non-Graduate)C – High School Diploma/GEDD – 12 + Some Post-Secondary E – 2-4 Years College GraduateF – Graduate or Other Post-Secondary SchoolU – Unknown/Not Reported | MILITARY STATUSA – Active MilitaryV – VeteranN – NoneU – Unknown/Not Reported |
| EMPLOYMENT STATUSF – Employed Full-TimeP – Employed Part-TimeM – Migrant Seasonal Farm WorkerR – RetiredUL – Unemployed (Long Term, More than 6 months)UN – Unemployed (Not in the Labor ForceUS – Unemployed (Short Term, 6 months or lessU – Unknown/Not Reported  |  HEALTH INSURANCED – Direct PurchaseE – Employer BasedMD – MedicaidMR – MedicareMI – Military Health CareC – State Children's Health Insurance ProgramSA – State Health Insurance for AdultsU – Unknown/Not Reported | LANGUAGEA – Arabic C – ChineseE – EnglishF – FrenchG – GermanI – ItalianR – RussianS – Sign LanguageSp – SpanishO - Other | RELATIONSHIP TO HOF:S – SpouseC - Child DP - Domestic PartnerGR - GrandchildP - ParentR – RelativeO – Other |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Member's Name** | **Employment** | **Unemployment** | **TANF** | **SSI** | **General Asst/****Township** | **Social Security** | **Pension** | **Veteran Benefits** | **Child Support** | **Other Income** |
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***Housing Information: (please circle)***

Single Family Mobile Home – 2-4 Units

Single Room Occupancy Lot Rent: $ 5-10 Units

 11 + Units

**Homeless**

Chronically Homeless Imminently At-Risk Literally Homeless

|  |  |  |
| --- | --- | --- |
| **FAMILY TYPE**Foster ParentsMultigenerational HouseholdNon-Parent Adult(s) with ChildrenSingle ParentSingle PersonThree or More Adults, No ChildrenTwo Adults No ChildrenTwo or More Related Adults with ChildrenTwo Parent FamilyOther: Unknown/Not Reported | **HOUSING TYPE**Group HomeHomeless with Roof/ShelteredHomeless with Roof/UnshelteredInstitutionalOwnRent Not SubsidizedRent SubsidizedOther: Unknown/Not Reported  | **CUSTOMER'S HOUSING PAYMENT**Mortgage: $ Rent: $ Section 8 pays: $ If there is no income, how are you paying for housing:    |

**FUTURE PLANS:**

What Illinois college/university will you attend in the fall of 2025?

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:

1. 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, that I may be required to provide additional information, and that 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@tcochelps.org** or mailed directly to:

**Tri-County Opportunities Council**

**ATTN: Scholarship**

**P.O. Box 610**

 **Rock Falls, IL 61071**

 *Revised: 1/2025*