BCMW COMMUNITY SERVICES, INC. 2024 Community Services Block Grant (CSBG) SCHOLARSHIP PROGRAM

APPLICATION FORM

PERSONAL DATA
NameTelephone
AddressTown/Zip
County of ResidenceSS#
FINANCIAL DATA
Household Size(List all members including yourself)
Total Household Gross Income for the past 30 days
Wages
Social Security
Unemployment
SSI/AABD/GA
TANF
Other
TOTAL
If there are any unusual financial circumstances, please explain.

EDUCATION BACKGROUND

High School A	ttended						=			
Attended fron	n	_to		Graduat	ted	_Yes	No			
GEDYes	No									
Previous Colle	ge Attend	ed				alli a a a a a a a a a a a a a a a a a a		_		
Attended fron	n	_to	-	Gradua	ted	_Yes_	No			
Please circle a	cademic C	lass fo	r 2023-202	24 acaden	nic yea	ar:				
	Freshmar	1	Sophomo	re Ju	ınior	Sen	ior			
Most current of score4.0 S					e end o	of the la	st seme:	ster or	GED to	est
College or Vo	cational sch	nool yo	ou plan to a	ittend:					2	
Date of Applic	ation		<u> </u>	Accepted	d	Yes	_No			
Major										
Do you plan to	attend ful	l time	(12 or mor	e credit h	ours)?	Y	esN	lo		
What other sc	holarships	have y	ou applied	for?						
en										
Please list all s	cholarship	s you a	re receivin	g (includi	ng the	monet	ary amo	unt.)		
Maria San							m casa			

CIVIC AFFAIRS, AWARDS, ACTIVITIES	<u>s</u> .
List any school or community activities awar would like to bring to the attention of the scl	rds, organizations, clubs, offices, or honors you holarship committee.
CAREER GOALS	
Please attach a 100-to-200-word statement reason(s) you are interested in that profession	
2	
	d is a complete and accurate disclosure of the MW to verify the information provided.
Applicant Signature	Date

BCMW COMMUNITY SERVICES, INC. SCHOLARSHIP PROGRAM

Personal Recommendation Form

N
Name of Applicant
Please type or print clearly. If additional space is needed, please use back of sheet or attach additional pages.
1. How long have you known the applicant and in what capacity?
Describe any knowledge you have of this individual's commitment to their career goals.
3. Any Additional comments.
Name Position
Address
City
Please return this form by March 29, 2024 to: Liz Garner, BCMW Community Services P.O. Box 729, 909 E. Rexford Centralia, IL 62801 Fax: 618-532-0204

Liz.garner@bcmw-il.org