

2017 BCMW COMMUNITY SERVICES
SCHOLARSHIP PROGRAM
Information Sheet

GENERAL INFORMATION

BCMw Community Services is offering 10 (ten) \$750 scholarships for the 2017-2018 school year to low-income students desiring to further their education at an Illinois two-year community college, vocational school, or four-year college or university. The scholarships are made possible through the Community Services Block Grant Program which is funded by the Department of Commerce and Economic Opportunity. Award recipients may use their scholarships for education expenses, and payments will be sent directly to the schools. BCMw Community Services encourages all potentially eligible applicants to enter this scholarship competition. All applications must be returned to BCMw, 909 E. Rexford, P.O. Box 729, Centralia, IL 62801 by 3:00p.m. on Friday, March 24, 2017.

ELIGIBILITY CRITERIA

1. Must be a permanent resident of Bond, Clinton, Marion or Washington County.
2. Must have a high school diploma or GED.
3. Must be enrolled as full time student (12 or more credit hours) at an Illinois accredited two (2) year or four (4) year college, university, or vocational training program.
4. Must maintain at least a C average: 2.0 if on a 4 point scale, 3.0 if on a 5 point scale.
5. Must demonstrate a commitment to career goals.
6. Must have financial need whereby yearly, total household income before taxes is not greater than:

<u>FAMILY SIZE</u>	<u>INCOME GUIDELINES</u>
1	\$15,075
2	20,300
3	25,525
4	30,750
5	35,975
6	41,200
7	46,425
8	51,650

APPLICATION PROCEDURES

Interested applicants should submit all of the following items to: BCMW Community Services, 909 E. Rexford, P.O. Box 729, Centralia, IL 62801; Attn: Tammy Chmielewski by the deadline date of Friday, March 24, 2017, by 3:00p.m.

1. The application forms completed in full.
2. Proof of total household income for the past year using a copy of 1040 form if applicable. If income is from other than employment, please contact me if you have questions on what documentation to provide.
3. Your career goals statement.
4. Three letters of recommendation (may utilize the forms enclosed) attesting to the applicant's commitment to his/her career goals. No letters of recommendation will be accepted from relatives or applicants.
5. A copy of the applicant's most current grades or GED test score. Please request from the school that they be sent to BCMW Community Services, P.O. Box 729, Centralia, IL 62801, Attn: Tammy Chmielewski.

JUDGING CRITERIA

Applicants will be judged by a scholarship committee composed of members of the BCMW Board of Directors and Staff. This committee will review all written applications submitted by the deadline date of Friday, March 24, 2017. Applications will be judged according to the following criteria and percentages:

1. Financial Need – 30% as evidenced by the applicant residing in a household which falls at or below the income guidelines.
2. Scholarship Potential – 30% as evidenced by the applicant's most current grade point average or GED test score.
3. Career Goals – 25% as evidenced by three letters of recommendation and the applicant's own career goals statement.
4. Interview/Discussion – 15%

The judging will be conducted in two phases. Phase I will consist of the Scholarship Committee selecting the top candidates based on judging criteria 1-3 above. Phase II consists of these applicants being notified by mail by April 5, 2017, and requesting them to participate in a personal interview/discussion with the Scholarship

Committee. The final selection of award recipients will be based on this interview/discussion and winners will be notified no later than April 28, 2017.

SCHOLARSHIP PAYMENT

The scholarship awards will be paid directly to the Illinois two-year community college, vocational school, or four-year college or university. The scholarship awards may be utilized for education expenses.

If for some reason the award recipient cannot accept the award, the scholarship will automatically be awarded to the Alternate and Runner-Up in successive order. All applicants will receive notification in writing from BCMW Community Services as to their standing by April 28, 2017. Please contact Tammy Chmielewski at 618-532-7388, ext. 127 or tchmielewski.bcmw@gmail.com if you have any questions regarding the BCMW Community Services Scholarship Program.

Note: Please retain these first three pages for your information

BCMw COMMUNITY SERVICES, INC.
2017 CSBG SCHOLARSHIP PROGRAM

APPLICATION FORM

PERSONAL DATA

Name _____ Telephone _____

Address _____ Town/Zip _____

County of Residence _____ SS# _____

FINANCIAL DATA

Household Size _____ (List all members including yourself)

Total Household Gross Income for the past year

Wages _____

Social Security _____

Unemployment _____

SSI/AABD/GA _____

TANF _____

Other _____

TOTAL _____

If there are any unusual financial circumstances, please explain.

EDUCATION BACKGROUND

High School Attended _____

Attended from _____ to _____ Graduated ____ Yes ____ No

GED ____ Yes ____ No

Previous College Attended _____

Attended from _____ to _____ Graduated ____ Yes ____ No

Please circle academic Class for 2017 school year:

Freshman

Sophomore

Junior

Senior

Most current cumulative grade point average at the end of the last semester or GED test score _____

____ 4.0 System

____ 5.0 System

College or Vocational school you plan to attend: _____

Date of Application _____ Accepted ____ Yes ____ No

Major _____

Do you plan to attend full time (12 or more credit hours)? ____ Yes ____ No

What other scholarships have you applied for?

Are you currently receiving any scholarship aid or tuition assistance? If yes, please

explain _____

CIVIC AFFAIRS, AWARDS, ACTIVITIES

List any school or community activities awards, organizations, clubs, offices, or honors you would like to bring to the attention of the scholarship committee.

CAREER GOALS

Please attach a 100 to 200 word statement concerning your career goals and the reason(s) you are interested in that profession.

I certify that the information I have provided is a complete and accurate disclosure of the requested information. I authorize BCMW to verify the information provided.

Applicant Signature

Date

**BCMw COMMUNITY SERVICES, INC.
SCHOLARSHIP PROGRAM**

Personal Recommendation Form

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?

2. Describe any knowledge you have of this individual's commitment to their career goals.

3. Any Additional comments.

Name

Position

Address

Phone

City

Please return this form by March 24, 2017 to: Tammy Chmielewski,
BCMw Community Services
P.O. Box 729, 909 E. Rexford
Centralia, IL 62801
Fax: 618-532-0204
tchmielewski.bcmw@gmail.com BCMw

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