

2025 Education and Occupational Training Scholarship

The scholarship is designed to provide financial assistance to income eligible persons for post-secondary education. The scholarship is funded through Community Services Block Grant (CSBG) and is made possible by the Illinois Department of Commerce and Economic Opportunity. This scholarship may be used for undergraduate degrees, as well as for skills and occupational training. Approved ways to utilize the scholarship include; tuition, room and board (living on campus), books, supplies, transportation related expenses, laboratory fees, computer and related accessories, and/or uniforms.

Eligibility:

1. Household must be income eligible, see below guidelines for 2025
2. Winnebago or Boone County Resident with valid IL photo ID
3. Enrolled or accepted at an Illinois accredited higher educational or occupational training institute
 - a. Master's degree programs and professional schools are not eligible for this scholarship
4. Applicants must have a minimum of 2.5 GPA on a 4.0 scale

2025 Income Guidelines

Household/family size	Yearly income	Monthly income
1	\$31,300	\$2,608
2	\$42,300	\$3,525
3	\$53,300	\$4,442
4	\$64,300	\$5,358
5	\$75,300	\$6,275
6	\$86,300	\$7,192
7	\$97,300	\$8,108
8	\$108,300	\$9,025
For each additional person add: \$11,000 yearly		

All materials must be received by **April 11, 2025** and addressed to:

City of Rockford Human Services Department
Scholarship Program
612 North Church Street
Rockford, Illinois 61103

For additional information, call 844-710-6919, Monday-Thursday from 8:00am-4:30 pm and
Fridays 8:00am to 4:00 pm.

Applications can be found online at:

<https://rockfordil.gov/349/Community-Action-Programs>

*** Please review the list and ensure that all of the required documentation has been included. Failure to submit all required documents will cause your application to be denied ***

Application Checklist:

- Completed Application
- Completed Household Member Income Affidavit or Zero Income Affidavit for all household members (see attachments)
- Proof of income (paystubs, Social Security award letters, self-employment documentation, child support, TANF, etc.)
- Original Essay of 500 words (see attached essay guidelines)
- Official transcripts signed by school dean or counselor, in sealed envelope from school.
- Two-Three signed and dated letters of recommendation in sealed envelopes. Family members may **not** be used as references (more information provided on next page).
- Current Financial Aid Award Letter (award letter from the school outlining your financial aid for the year) from the school attending.
- The latest invoice from the school, showing the remaining balance after the FAFSA award has been applied.
- Proof of residence in Winnebago or Boone County (such as photocopy of letter/bill addressed to the applicant, parent, or guardian.)
- Proof of enrollment at an Illinois accredited higher educational or occupational training institute (acceptance letter and/or schedule or letter from school's Registrar's Office).

Review your application for any missed data and sign the application. Please note that a parent or guardian's signature is required on multiple pages if the applicant is: 1) under the age of 18; and/or 2) can be claimed as a dependent. Missing signatures may disqualify an applicant.

Essay Requirements:

- Original essay of 500 words on one of the following topics:
 - Personal achievements
 - Educational Goals
 - Personal Statement
- Must be typed, double spaced, Times New Roman font
 - 12pt for the body, 14pt for the heading
 - 1 inch margin
- **PROOFREAD YOUR ESSAY**

Suggested Personal Statement Outline:

- Paragraph One: Introduction: Ensure this paragraph expresses who you are; provide a specific personal history and background, family life, what type of person you are, what motivates you, hobbies, interests, community involvements, achievements/awards, etc.
- Paragraph Two: What does education mean to you? This paragraph should describe what type of student you are/or have been/or desire to be, the importance of post-secondary education from your perspective, and why you want to pursue your specific degree, certification, and/or vocation.
- Paragraph Three: Describe any financial and/or personal obstacle that may impede your pursuit of a college education. This paragraph should detail your current financial situation and how this could adversely affect your ability to attend college.
- Paragraph Four: Describe future goals, objectives, and aspirations. This paragraph should reflect how attaining a degree/trade certification will enhance the lives of you and/or your family as well as your career goals.
- Paragraph Five: Conclusion. This paragraph should summarize the main points of your personal statement and express why you deserve to be a recipient of this scholarship.

Useful Tips:

- Allow someone else to proof read your essay prior to submission.
- There are many web-based readers that will read your statement aloud; one example that has a free version to download is natural reader:
<https://www.naturalreaders.com/software.html>
- Make sure your essay is comprehensive and provides insight into who you are.

References: Please submit 2-3 letters of reference in sealed envelopes. These may be from previous employers, teachers, ministers, or anyone who has known the applicant for at least one year. Family members may not be used as references. Letters should include the capacity in which the person knows you, the length of acquaintance, comments on your character, skills, traits, etc. and other pertinent information. Letters must include the name, position, address and phone number of the reference and will remain confidential.

2025 Scholarship Application

Applicant Information:

Applicant Name: _____
(Last) _____ (First) _____ (M.I.) _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo. Day Yr.

Address: _____
(Number) _____ (Street) _____

_____ (City) _____ (Zip) _____ (County) _____

Phone: _____ Email Address: _____

Sex: Male _____ Female _____ Other _____

Disabled: Yes _____ No _____ Veteran: Yes _____ No _____ Homeless: Yes _____ No _____

Household Information:

Number of household members: _____

What is the housing status for the household? (Select one choice)

Renters _____ Owners _____ Subsidized _____ Homeless _____ Shelter _____
Other _____

Does the household receive food stamps (SNAP)?

Yes _____ (amount: \$ _____) No _____

What is the household family type? (Select one choice)

Single Parent _____ Two Parent _____ Adult/No Children _____
Multigenerational _____ Foster Parent _____ Other _____

Education:

Name of last high school attended:

_____ (School name) _____ (Location) _____ (Years attended)

Date of High School graduation or General Education Diploma (GED) _____ (Mo/Yr)

Most recent Grade Point Average (GPA) _____ (**minimum requirements: 2.5/4.0**)

Name of College or Vocational Institution attending: _____

Area of Study: _____

Have you completed the FAFSA Application for the current year: Yes _____ No _____

Indicate the amount needed: _____

Other financial awards and/or scholarships granted or applied for (including amounts): _____

List any clubs, honors, or activities: _____

Certification:

I certify that the information provided in this application is an accurate and complete disclosure of the requested information. I affirm that the attached essay is an original writing that I have composed. I hereby authorize the Human Services Department to verify the information provided and to contact any and all applicable parties for verification or additional information. I hereby authorize release of this and other documents pertaining to my financial need, enrollment status, and other information submitted to the organization for purposes of determination of my eligibility for this scholarship program only. I understand that final determination rests with the Rockford Human Services Department.

I understand that a parent or guardian must sign this application if I am not 18 years of age or older and/or not self-supporting.

(Signature of Applicant)

(Date)

(Signature of Parent/Guardian- if applicable)

(Date)

*****ALL APPLICATIONS MUST BE POSTMARKED OR HAND-DELIVERED TO THE CITY OF ROCKFORD
HUMAN SERVICES DEPARTMENT AT 612 N. CHURCH STREET, ROCKFORD, IL 61103 BY 3:30 PM ON**

APRIL 11, 2025

Household Member Income Affidavit

*****Instructions: Print household member's name at the top, please print or circle each correct characteristic for that family member. Please copy if you need to add additional members*****

Household Members Names				
Relationship to Applicant				
Date of Birth				
Gender				
Marital Status				
Ethnicity/Race				
Highest level of education:	Non-HS Grad HS diploma/GED Some College Associates Bachelor's Master's			
Health Insurance:	Medicaid Medicare Private Employer None Other	Medicaid Medicare Private Employer None Other	Medicaid Medicare Private Employer None Other	Medicaid Medicare Private Employer None Other
Military Status:	Veteran Active Military Never Served	Veteran Active Military Never Served	Veteran Active Military Never Served	Veteran Active Military Never Served

Income Information

Please put 0 if the category does not apply to a family member

Income time frame: _____ to _____
 (Today's date) (30 days back)

Household member's name				
30 day Employment (gross)				
	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$	\$
Social Security Disability (SSDI)	\$	\$	\$	\$
VA Benefits				
	\$	\$	\$	\$
VA Service-Connected Disability Comp.	\$	\$	\$	\$
VA Non-Service Connected Disability Pension	\$	\$	\$	\$
Private Disability Insurance	\$	\$	\$	\$
General Assistance				
	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Retirement Income for Social Security	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony or Other Spousal Support	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$
Earned Income Tax Credit	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
None (if none, indicate \$0)	\$	\$	\$	\$
Total	\$	\$	\$	\$

No Income/Zero Income Affidavit

This form must be completed for all household members 18 and over that report no income for the last 30 days. Please use a new form for each household member. (Please Print)

Name: _____ Date: _____

Address: _____

City & State: _____ Zip Code: _____

I HEREBY CERTIFY THAT I HAVE NO INCOME FOR THE FOLLOWING TIME PERIOD:

_____ TO _____
TODAY'S DATE 30 DAYS BACK

By certifying that you have "No Income" please provide an explanation below as to how you are able to provide for the following needs:

Food: _____

Housing: _____

Transportation: _____

Utilities: _____

SIGNATURE: _____ DATE: _____