

Madison County Community Development seeking Scholarship Applications for local students

Madison County Community Development is offering scholarships for local students planning to attend college during the Fall 2025/Spring 2026 terms.

Scholarships will be awarded to students who are residents of Madison County and attending a college, a university or training program in the State of Illinois. The Community Services Block Grant program will select 5 students to receive a \$4,000.00 scholarship for the 2025-2026 school year. Awards will be disbursed in two \$2,000 increments at the start of each semester.

Those interested in applying for the scholarship may contact local area financial aid offices of Lewis & Clark Community College, Southwestern Illinois College and Southern Illinois University Edwardsville, their local high school counselor's office or the county's website at https://cms4files.revize.com/madisoncountylus/Community_Development/Scholarship%20announcement%202025.pdf

To be eligible, students must meet the block grant income guidelines as well as the other requirements as follows:

- 1) Candidates must be residents of Madison County.
- 2) Candidates must meet the income criteria. Candidates must provide proof of gross income for the last 30 days for all household members over the age of 18.

FAMILY SIZE	30-DAY INCOME
1	\$ 2,608.00
2	\$ 3,525.00
3	\$ 4,442.00
4	\$ 5,358.00
5	\$ 6,275.00
6	\$ 7,192.00
7	\$ 8,108.00
8	\$ 9,025.00

For families with more than eight members, add \$917 for each additional member.

- 3) Candidates must complete and sign the College Application and CSBG Intake forms.

- 4) Candidates must provide photo identification and a social security card.
- 5) Candidates are required to submit a copy of college transcripts, or if just entering college, high school transcripts.
- 6) Candidates are required to submit a letter of recommendation from a high school or college official at the institution they are attending or will be attending. Letters of recommendation must be submitted on official letterhead.
- 7) Candidates must submit a one-page essay describing themselves, their college plans, and career goals. The essays should communicate something that is not stated in the application, which sets apart their scholarship application from others. Examples include, but are not limited to:

-hobbies, special interests and skills;

-provide any volunteer work and involvement with organizations in your community;

-awards or special recognition;

-goals and ambitions the scholarship committee should know about;

-how would receiving this scholarship have an impact on your life?

Previous scholarship recipients may apply for the scholarship again.

Deadline for submitting applications is Friday, June 20, 2025. The CSBG Advisory Council Scholarship Committee will review all the applications, make the final selections and make an announcement in July.

Completed applications can be submitted to Madison County Community Development, Attn: CSBG Scholarship Program, 157 N Main Street, Suite 312, Edwardsville, IL 62025 between 8:30 am – 4:30 pm.

If any questions, please contact Amy Lyerla at 618-296-4382 or allyerla@madisoncountyl.gov

COMMUNITY SERVICES BLOCK GRANT (CSBG) INTAKE FORM

DATE _____ INTAKE SITE _____

(Including yourself) Number of persons in the Household ____ Do you have an e-mail address? _____

Street Address _____ City _____ State _____ Zip _____ Phone _____

Monthly Housing Cost: _____ Do you: Own, Rent or Rent (Subsidized) Are you homeless? Y N If homeless, are you sheltered? YES NO

Dwelling Type: ____ Single Family ____ 2-4 Unit Family Type: ____ Single Person ____ Non Parent Adult(s) with Children
 ____ Mobile Home ____ 5-10 Unit ____ Single Parent ____ 2 Parent Family
 ____ Single Room ____ 11+ Unit ____ Foster Parent ____ 2 or more Related Adults with Children
 ____ 2 Adults No Children ____ 3 or more Adults No Children

Are you collecting child support payments? YES NO N/A Do you receive Food Stamps? YES NO \$_____ (include dollar amount)

Social Security Number	Name	*Relationship to Head of House	Date of Birth (XX/XX/XXXX)	Gender (circle 1)	**Race	***Highest Education	Hispanic (circle 1)	Disabled (circle 1)	Veteran (circle 1)	Health Insurance	****Type of Income	Monthly Amount
				F M			Y N	Y N	Y N	Y N		
				F M			Y N	Y N	Y N	Y N		
				F M			Y N	Y N	Y N	Y N		
				F M			Y N	Y N	Y N	Y N		
				F M			Y N	Y N	Y N	Y N		
				F M			Y N	Y N	Y N	Y N		
				F M			Y N	Y N	Y N	Y N		
				F M			Y N	Y N	Y N	Y N		
				F M			Y N	Y N	Y N	Y N		

TOTAL 30 day gross income \$ _____

*RELATIONSHIP OPTIONS – S: Self, C: Child, SP: Spouse, P: Parent, G: Grandchild, D: Domestic Partner, R: Relative, O: Other, please explain
 **RACE OPTIONS – AI: American Indian/Alaska Native, A: Asian, B: Black/African American, NH: Native Hawaiian/Pacific Islander, W: White, O: Other, M: Multi-Race
 ***EDUCATION OPTIONS – A: Grades 0-8, B: Grades 9-12/Non-Graduate, C: High School diploma/GED, D: 12 Grade + Some College, F: 2 or 4 year College Graduate, G: Graduate of other post-secondary school
 ****INCOME OPTIONS – Employment, Pension, TANF, SSI, General Assistance, SS, Unemployment, Child Support, Disability, VA Benefits, Worker’s Comp, Other

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 the determination of my eligibility requires verification and/or documentation, and by my signature, I authorize the release of such information as may be required for the determination of my eligibility.

Signature of Applicant _____ Date _____

Intake Worker Signature _____ Date _____

Verification Signature _____ Date _____

(revised 12/2023)



Madison County Community Development College Application for 2025-2026

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

Personal Information

Student Id Number: _____

Email Address: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Prospective Major: _____

Career Goal(s): _____

Name/Location of College Currently Attending: _____

GPA: _____

Proposed Graduation Year: _____

Year in School (Circle): Freshmen

Sophomore

Junior

Senior

Graduate

Date of Birth: _____ Telephone Number: _____

Volunteer Work and Community Service (unpaid) – Please add additional pages as needed.

Activity	Description (Note any leadership positions)	Hours Per Week	Weeks Per Year

Employment (paid) – Please add additional pages as needed.

Organization/Position	Responsibilities	Hours Per Week	Dates Involved	

Additional Scholarships/Financial Aid

Please list any scholarships and/or financial aid you have already received. Include the scholarship amount, time frame and what expenses the award covers:

Please note that failure to provide all of the required information will result in your application not being considered by the selection committee.

Applicant Certification

Your signature is required below. Without your signature, your application is not complete.

I certify that the information provided in this application is true, complete and accurate and that all statements and essays are my own work.

Signature of Application	Date
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