

CSBG Scholarship/Trade Training

Please PRINT clearly

Today's Date: ____/____/____ Your Name: _____

Your Date of Birth ____/____/____ Your Social Security Number ____ - ____ - ____

Have you lived in McHenry County for all of the past 90 days? Yes___ No ___

What town is on your State ID or Driver's license? _____

Your home address (if applicable): Your mailing address (if different from residential address):

Your phone number(s): _____

Are you disabled? Yes___ No___ Were you ever in the US Military? Yes___ No___

Did you graduate high School Graduate or get a GED? Yes___ No___

Did you go to college? Yes___ No___ If yes, do you have a degree? Yes___ No___ If yes, list your degree(s)

Do you have any previous post-secondary training or education? Yes___ No___ If yes, where and in what field?

What is your race? White___ Hispanic___ Black___ Asian___ American Indian___ Pacific Islander___ Multi-racial

(specify) _____ (Other (specify) _____

Check if you have: SNAP (Food Stamps)___ Medicaid___ Medicare___ WIC_____

Do you have private health insurance? Yes___ No___ Are you eligible for VA healthcare? Yes___ No___

What has been the source of your income during the past 90 days (check all that apply):

Wages___ Unemployment Comp___ Child Support___ General Assistance from my township___ Social Security Disability___ Social Security Retirement___ SSI___ Private Pension___ TANF___ Veteran's Pension___ Veterans Disability___ Private Disability Payments___ Cash income___ Other Source of Income (describe)_____ No income in the past 90 days___

Estimate your monthly income before taxes \$ _____

How many people live in your household? _____

What is the total monthly net "take home" income for your entire household? \$ _____

What is your Housing Status? Rent ___ Own ___ Live with parents, relatives or friends ___ Live In a motel/hotel

(give name of motel/hotel) _____

Homeless and in a shelter (give name of shelter) _____

Homeless, but not in a shelter (where do you sleep?) _____

Other living situation (describe) _____

What is your monthly rent or mortgage amount? \$ _____

If you have no income or not enough income to pay your bills, please describe how you make ends meet each month (tell us who helps you):

What is the field or trade that you would like to be educated in? _____

Have you applied for other assistance to pay for your education or training? Yes___ No ___

If yes, please list where you have applied for assistance: _____

Did you receive any of the financial assistance that you applied for? Yes___ No ___

If yes, how much did you receive and when did you receive it? \$ _____

Have you ever had a student loan? Yes___ No ___ If yes, are your loans paid off? Yes___ No ___ If your loans are not paid off, how much do you still owe? _____

Tell us about your employment history: _____

Why did you choose the field or trade that you would like to be educated in and what do you intend to do after the education? You may attach a letter instead of writing on the lines below. If this is the option that you choose, write "see attached" on a line below.

INFORMATION ON YOUR OTHER HOUSEHOLD MEMBERS:

1. Name _____ Date of Birth ___/___/___ SS# _____ - _____ - _____
Disabled ? Yes___ No___ US Military Veteran? Yes___ No___ High School Graduate or GED? Yes___ No___
Highest education level achieved _____ Race: White___ Hispanic___ Black___ Asian___ American
Indian___ Pacific Islander___ Multi-racial (specify) _____ (Other (specify)) _____
Check if this member has: Food Stamps (SNAP)___ Medicaid___ Medicare___ Private Health Insurance___
This member's income during the past 90 days (check all that apply): None___ Wages___ Unemployment Comp ___
Child Support___ GA___ Social Security___ SSI___ Pension___ TANF___ Veteran's benefits___ Private
Disability Payments ___ Cash income___ Other Source of Income (describe) _____
Estimated monthly income before taxes for this household member only \$ _____

2. Name _____ Date of Birth ___/___/___ SS# _____ - _____ - _____
Disabled ? Yes___ No___ US Military Veteran? Yes___ No___ High School Graduate or GED? Yes___ No___
Highest education level achieved _____ Race: White___ Hispanic___ Black___ Asian___ American
Indian___ Pacific Islander___ Multi-racial (specify) _____ (Other (specify)) _____
Check if this member has: Food Stamps (SNAP)___ Medicaid___ Medicare___ Private Health Insurance___
This member's income during the past 90 days (check all that apply): None___ Wages___ Unemployment Comp ___
Child Support___ GA___ Social Security___ SSI___ Pension___ TANF___ Veteran's benefits___ Private
Disability Payments ___ Cash income___ Other Source of Income (describe) _____
Estimated monthly income before taxes for this household member only \$ _____

3. Name _____ Date of Birth ___/___/___ SS# _____ - _____ - _____
Disabled ? Yes___ No___ US Military Veteran? Yes___ No___ High School Graduate or GED? Yes___ No___
Highest education level achieved _____ Race: White___ Hispanic___ Black___ Asian___ American
Indian___ Pacific Islander___ Multi-racial (specify) _____ (Other (specify)) _____
Check if this member has: Food Stamps (SNAP)___ Medicaid___ Medicare___ Private Health Insurance___
This member's income during the past 90 days (check all that apply): None___ Wages___ Unemployment Comp ___
Child Support___ GA___ Social Security___ SSI___ Pension___ TANF___ Veteran's benefits___ Private
Disability Payments ___ Cash income___ Other Source of Income (describe) _____
Estimated monthly income before taxes for this household member only \$ _____

4. Name _____ Date of Birth ____/____/____ SS# _____ - _____ - _____

Disabled ? Yes___ No___ US Military Veteran? Yes___ No___ High School Graduate or GED? Yes___ No___

Highest education level achieved _____ Race: White___ Hispanic___ Black___ Asian___ American

Indian___ Pacific Islander___ Multi-racial (specify) _____ (Other (specify)_____

Check if this member has: Food Stamps (SNAP)___ Medicaid___ Medicare___ Private Health Insurance___

This member's income during the past 90 days (check all that apply): None___ Wages___ Unemployment Comp ___

Child Support___ GA___ Social Security___ SSI___ Pension___ TANF___ Veteran's benefits___ Private

Disability Payments ___ Cash income___ Other Source of Income (describe)_____

Estimated monthly income before taxes for this household member only \$_____

5. Name _____ Date of Birth ____/____/____ SS# _____ - _____ - _____

Disabled ? Yes___ No___ US Military Veteran? Yes___ No___ High School Graduate or GED? Yes___ No___

Highest education level achieved _____ Race: White___ Hispanic___ Black___ Asian___ American

Indian___ Pacific Islander___ Multi-racial (specify) _____ (Other (specify)_____

Check if this member has: Food Stamps (SNAP)___ Medicaid___ Medicare___ Private Health Insurance___

This member's income during the past 90 days (check all that apply): None___ Wages___ Unemployment Comp ___

Child Support___ GA___ Social Security___ SSI___ Pension___ TANF___ Veteran's benefits___ Private

Disability Payments ___ Cash income___ Other Source of Income (describe)_____

Estimated monthly income before taxes for this household member only \$_____

6. Name _____ Date of Birth ____/____/____ SS# _____ - _____ - _____

Disabled ? Yes___ No___ US Military Veteran? Yes___ No___ High School Graduate or GED? Yes___ No___

Highest education level achieved _____ Race: White___ Hispanic___ Black___ Asian___ American

Indian___ Pacific Islander___ Multi-racial (specify) _____ (Other (specify)_____

Check if this member has: Food Stamps (SNAP)___ Medicaid___ Medicare___ Private Health Insurance___

This member's income during the past 90 days (check all that apply): None___ Wages___ Unemployment Comp ___

Child Support___ GA___ Social Security___ SSI___ Pension___ TANF___ Veteran's benefits___ Private

Disability Payments ___ Cash income___ Other Source of Income (describe)_____

Estimated monthly income before taxes for this household member only \$_____

Please let us know if you need another form to add the names of additional household members

By signing below, I certify that the information that I have provided in this document is true and accurate to the best of my knowledge. I understand that if I have willfully provided inaccurate information or if I have purposefully omitted information, I will be denied the assistance for which I am applying.

Signed _____

Date _____