

SANGAMON COUNTY
DEPARTMENT OF COMMUNITY RESOURCES
SCHOLARSHIP FOR LOW-INCOME COLLEGE ENTRIES (SLICE)

Applications are also available online at
<http://co.sangamon.il.us/departments/a-c/community-resources>
or on Facebook at Sangamon County Department of Community Resources

SCHOLARSHIP QUALIFYING CRITERIA

The Scholarship Committee for Community Services Block Grant Program recommends that scholarships be presented to select **ADULTS** based upon the following criteria:

1. Transcript-College and/or High School
Accepted by an accredited Illinois College. **Applicants must have a B average if enrolled in an area other than the areas listed below. Otherwise, your educational/training program must be in a designated area as determined by local employment opportunities listed below.**

2016 Approved Career Training Areas include:

- Accounting
- Arch & Construction Certificate or Degree
- Associate Nursing Degree
- Associate Radiography Degree
- Auto Body Repair Certificate
- Auto Body Tech Degree
- Automotive Technician Certificate or Degree
- Aviation Airframe Tech Certificate
- Basic Nurse Asst. Certificate
- Biology
- Business Administration
- Business Degree
- CAD Technician Certificate
- CDL
- Certified Logistics Technician
- Certified Nurse Assistant
- Certified Production Technician
- Clinical Lab Science
- Commercial Electrical Maintenance Degree
- Communication
- Computer Technician Specialist Certificate
- Construction Occ. Certificate or Degree
- Criminal Justice
- Electrical Distribution Lineman Degree
- Electrical Distribution Lineman Maintenance Certificate
- END (Electroneurodiagnostic/Electroencephalographic Tech)

- HVAC
 - Internet Programming Certificate
 - Leadership Certificate
 - Licensed Practical Nurse
 - Management
 - Medical Assisting Program
 - Networking Admin or Tech
 - Office Professional Degree
 - Phlebotomy Training
 - Registered Nurse
 - Respiratory Care Degree
 - Residential Construction
 - Surgical Tech
 - Welding Specialist Certificate
2. Written paragraph about your most rewarding experience (form included with application)
 3. Three letters of reference from teachers, ministers/priests/rabbi, and/or employers. **Letters must be on letterhead, signed and dated. Letters from friends, co-workers or acquaintances are not acceptable.**
 4. Personal need (see income guidelines attached)
 5. Full time student
 6. Maintain “C” average
 7. Fall Schedule verifying full-time enrollment

ALL CANDIDATES MUST

1. Be a resident of Sangamon County
2. Demonstrate financial need
3. Be accepted for full time enrollment at an accredited Illinois College, University, or Vocational School
4. Complete the application process to determine eligibility

APPLICATION

Candidates wishing to apply for scholarships must submit their applications to Sharmin Doering CSBG Coordinator, 2833 S. Grand Ave. E Springfield, IL 62703

STEPS

1. **Applications DUE** Tuesday, September 6, 2016
2. First Interview (Determine eligibility)
3. Second Interview w Scholarship Committee (last week of September)
4. Award of Scholarship (last week of October)

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SCHOLARSHIP APPLICATION - ADULT

Please print legibly

HIGH SCHOOL _____

_____ Last

_____ First

_____ MI

ADDRESS _____

_____ Street

_____ City

_____ Zip

HOME PHONE _____

ALTERNATE PHONE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ SEX ___ M ___ F

NAME OF COLLEGE/TRAINING INSTITUTION YOU PLAN TO ATTEND _____

INTENDED MAJOR/AREA OF STUDY _____

DATE OF APPLICATION _____

ACCEPTANCE DATE _____ (attach copy of acceptance

letter)

IF ATTENDING A 2 OR 4-YEAR COLLEGE ONLY, THIS FALL YOU WILL BE (CHECK ONE) N/A _____ or:

_____ FRESHMAN _____ SOPHOMORE _____ JUNIOR _____ SENIOR

PLEASE COMPLETE ALL QUESTIONS ON APPLICATION.

SCHOLARSHIP COMMITTEE WILL NOT ACCEPT INCOMPLETE

APPLICATIONS.

NAME OF **EDUCATIONAL INSTITUTION** YOU PLAN TO ATTEND _____

AREA OF CONCENTRATION, TRAINING OR MAJOR

DATE OF APPLICATION TO PROGRAM _____

ACCEPTANCE DATE _____ (attach copy of acceptance letter)

IN THE FALL YOU WILL BE (CHECK ONE IF APPLIES)

____ FRESHMAN ____ SOPHOMORE ____ JUNIOR ____ SENIOR

OR

YOU ARE CURRENTLY IN THE _____ MODULE OF YOUR TRAINING AND WILL FINISH TRAINING AND EXTERNSHIP BY _____.

BRIEFLY STATE YOUR CAREER PLANS FOR THE FUTURE.

LIST ANY ACTIVITIES IN THE COMMUNITY IN WHICH YOU ARE INVOLVED.

HOW DO YOU PLAN TO SUPPORT YOURSELF AND YOUR FAMILY, IF APPLICABLE, WHILE ATTENDING SCHOOL?

LIST OTHER SCHOLARSHIPS AND/OR GRANTS APPLIED FOR AND DATES APPLIED.

	Annual Cost	Scholarships/Grants Received	Amount Needed
School Tuition			
Room & Board			
Books & Fees			
Total			

ATTACH LETTERS OF RECOMMENDATION FROM THREE PERSONS ATTESTING TO YOUR CHARACTER AND DEPENDABILITY.

I, the undersigned, give permission to Sangamon County Community Resources to publish my name in the Sangamon County newspapers announcing my scholarship award from Community Resources.

 Applicant's Signature _____
 Date

I HEARBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

 Applicant's Signature _____
 Date

**WRITE A PARAGRAPH ABOUT AN EXPERIENCE THAT YOU HAVE HAD WHICH HAS GIVEN YOU THE GREATEST PERSONAL SATISFACTION.
 (75 words or less)**

yearly amounts are increased by \$5,200.00 for each additional member.