

**WEEOC SCHOLARSHIP PROGRAM**  
**“Information Sheet”**

**General Information**

Western Egyptian EOC, through funding from the Illinois Department of Commerce and Economic Opportunity (DCEO), has scholarships available for high school graduates desiring to further their educational training at an Illinois college or university, community college, or vocational school. Four (4) scholarships in the amount of \$1,000 will be offered. Applicants must reside in Monroe, Perry or Randolph County. The scholarship will be applied toward tuition and fees; textbooks and supplies; or room and board, and will be paid directly to the school of the student’s designation.

**Eligibility Criteria**

Applicants must demonstrate evidence of the following eligibility criteria:

1. Resident of Monroe, Perry or Randolph County.
2. Member of an income eligible household according to the following income guidelines. *(proof required)*

**2023 Income Guidelines for Community Services Block Grant (CSBG)**

(currently at 200% until further notice)

**Is my household income within 200% of federal poverty level?** If your household’s combined income for the 30 days prior to application (gross income for all household members, before taxes are deducted) is at or below 200% of the federal poverty level as shown in the chart below, you may be eligible to receive assistance.

Family Size (total number in household)	30-Day Gross Income Total to Meet Eligibility
1	\$2,430
2	\$3,287
3	\$4,143
4	\$5,000
5	\$5,857
6	\$6,713

\*For households larger than 6 members, please contact your county agency.

3. Possess a high school diploma or GED from an accredited institution evidences by most recent transcript. *(transcript required)*
4. Be accepted at an Illinois college or university, community college, or vocational school at least on a half-time basis. *(an acceptance letter from the training institution or current schedule if enrolled in college, is required to be considered)*

Applicants should submit a completed application to one of Western Egyptian’s offices as follows by Friday, June 6, 2023.

*Randolph Co Office  
1820 N. Market  
Sparta N. 62286*

WESTERN EGYPTIAN SCHOLARSHIP APPLICATION

To complete your application, you must submit all required information utilizing the enclosed forms.

*To be completed by applicant*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Illinois college or university, community college, or vocational school you will attend or are currently attending:

---

Date of Application \_\_\_\_\_ Date Accepted \_\_\_\_\_

Planned Major \_\_\_\_\_

Do you plan to enroll in an Illinois college or university, community college, or vocational school  
 on a half time basis **OR**  on a full time basis?

Will you  commute **OR**  live on campus?

What other scholarships have you applied for?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

List any school or community activities, awards, organizations, clubs, office or honors you would like to bring to the scholarship committee's attention:

\_\_\_\_\_  
\_\_\_\_\_

Do you plan to work while attending school?  yes  no



**Career Goals**

In the space provided, write a 100-200 word statement concerning your career goals and the reason(s) you are applying for this scholarship.

<i>Agency use only</i>
Completeness of Career Goals.....4



**School Statistics**

*To be completed by counselor, principal or other school official.*

A. ACT Composite Score \_\_\_\_\_  
SAT Composite Score \_\_\_\_\_  
GED Test Score \_\_\_\_\_

B. Rank In Class  
Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Grade Point Average \_\_\_\_\_

C. Signature of School Official  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Date \_\_\_\_\_

<i>Agency use only</i>	Points
Grade Point Average..... 3.5 – 4.0.....	5
<i>on a 0 to 4 scale</i> 2.5 – 3.4.....	4
1.5 – 2.4.....	3

**Social Security Cards**

Attach copy of Social Security card for each person residing in household.

Card #1

Card #2

Card #3

Card #4

Card #5

Card #6

**Transcript**

Applicant must possess a high school diploma or GED from an accredited institution evidenced by most recent transcript.

- Attach transcript:     High School transcript  
                                  College transcript (*if currently enrolled in college*)

<i>Agency use only</i>	Points
Transcript submitted.....	5

**Letter of Acceptance from Training Institution**  
**OR Current Schedule** *(if enrolled in college)*

Applicant must be accepted at an Illinois college or university, community college, or vocational school at least on a half-time basis.

- Attach:             acceptance letter from training institution  
                       current schedule *(if enrolled in college)*

<i>Agency use only</i>	Points
Letter of Acceptance from training institution or current schedule (if enrolled in college).....	5

**Personal Letters of Recommendation**

Applicants must provide three (3) letters of recommendation from individuals who are not related.

Completed letters must be returned to the Western Egyptian EOC office where scholarship application was obtained.

Three (3) sets are attached for completion and submission.

<i>Agency use only</i>	Points
Completeness of Letters of Recommendation.....	3



3. Are there any significant limitations (physical, intellectual, and/or emotional) or extenuating circumstances regarding this individual that the committee should consider?

4. Are you aware of any financial difficulties that this individual's family might face in financing a college education?

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_



3. Are there any significant limitations (physical, intellectual, and/or emotional) or extenuating circumstances regarding this individual that the committee should consider?

4. Are you aware of any financial difficulties that this individual's family might face in financing a college education?

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_



3. Are there any significant limitations (physical, intellectual, and/or emotional) or extenuating circumstances regarding this individual that the committee should consider?

4. Are you aware of any financial difficulties that this individual's family might face in financing a college education?

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ E-Mail \_\_\_\_\_