

Community Service Block Grant (CSBG) Scholarship Application



Applicant Information

Name:

Date of Birth:

Email Address:

Phone Number:

Secondary Phone Number (required):

Address:

County of Residence:

Gender:

Race:

Ethnicity:

Disabled:

Veteran:

Number of People in Household:

Household Type:

Household Income: (Must include gross income for all household members over age 18)

Housing Status:

School Information

School Name, City, State:

State where the school will be attended:

Intended Major:

Acceptance to School/Acceptance to Program:

Remote, In-Person, Hybrid:

Full Time or Part Time:

College/University, Trade-School, or Certification Program:

Education Information

Expected Graduation Date

GPA (of most recent school)

High School Graduation or GED Date

Transcript: Attach either a high school or college transcript. The official transcript is **not** required.

Community Involvement

Are you involved in your community? In the area below, briefly describe how you are involved in your community, or simply respond "Not Applicable" if you are not involved in your community. Examples of community involvement include volunteer work, membership in school clubs or service organizations, etc.

Essay/Personal Statement

Write a brief narrative (250-500 words) describing your future relating to your educational goals. Information provided in this narrative will be used in evaluating this applications.

Please choose from one of the following topics:

Option One: Explain how your future career could improve the quality of life in your community. What skills or knowledge will you gain from your education that will help you do this?

Option Two: Describing your future and educational goals. Explain what you want to study, why you chose this field, and how your career could support programs or services that help the community.

Option Three: Describe a community service program or organization that inspires you. How do your future goals align with the mission of that program, and how might you contribute to similar efforts in your career?

Acknowledgements

_____ I certify the information contained in this application is accurate and a complete disclosure of the requested information.

_____ I hereby acknowledge that the information relating to the determination of my eligibility requires verification and I authorize others to release such information as may be required for the determination of my eligibility for this scholarship.

_____ I permit Wabash Area Development, Inc. to share my information with the media.

_____ I understand that I may be contacted for additional documentation.

_____ I agree to participate in required follow up.

Signature _____ Date _____

Applications are due to your local WADI office by 5:00 PM, Thursday, May 7th, 2026

Edwards County - 334 Industrial Drive, Albion, IL 62806 618-445-2379

Gallatin County - 14 Veteran's Drive, Harrisburg, IL 62946 618-252-2680

Hamilton County - 110 E. Jefferson Street, McLeansboro, IL 62859 618-643-2161

Saline County - 14 Veteran's Drive, Harrisburg, IL 62946 618-252-2680

Wabash County - 119 W. 12th Street, Mt. Carmel, IL 62863 618-262-4151

Wayne County - 2004 W. Delaware, Fairfield, IL 62837 618-842-2962

White County - 110 Latham Street, P.O. Box 70, Enfield, IL 62835 618-384-5541

Applicants must fall below the following income guidelines

Number in household	Monthly Gross Income
1	\$2,608
2	\$3,525
3	\$4,442
4	\$5,358
5	\$6,275
6	\$7,192
7	\$8,108
8	\$9,025