

ATTENTION

SCHOLARSHIP APPLICANTS! (PEORIA COUNTY RESIDENTS ONLY!!!)

***You must submit the following documentation with your completed Scholarship Application and Intake Form:**

1. Proof of Income

Must have last 90 days income documentation. Income includes but is not limited to: Public Aid, Food Stamps, Medical Card, Link Card, Child Support, Subsidized Housing, Utility Allotments, etc.

2. Proof of Financial Assistance

When applicable, please provide an award letter for other scholarships, financial aid, Pell grant, etc.

3. 3 Letters of Reference

Cannot be from family members; does not have to be typed. Must have original signature or sent from writer's own email address.

4. Essay

Write an essay stating your motivation for continuing your education and how you plan to use your education to benefit the community.

5. Class Schedule

Please provide a complete class schedule for the fall semester

6. Transcripts

Official Transcripts Only!!! NO COPIES OR INTERNET PRINTOUTS WILL BE ACCEPTED!**

***Any application that does not have ALL of the above required attachments by the September 12, 2025 deadline will not be considered for a Scholarship Award.**

****If for any reason your college cannot provide you with an official transcript by the deadline please notify us as soon as possible.**

2025 Poverty Income Guidelines

FAMILY SIZE	100%	100%	200%	200%
	OF POVERTY	30-DAY	OF POVERTY	30-DAY
1	\$15,650.00	\$1,304.00	\$31,300.00	\$2,608.00
2	\$21,150.00	\$1,763.00	\$42,300.00	\$3,525.00
3	\$26,650.00	\$2,221.00	\$53,300.00	\$4,442.00
4	\$32,150.00	\$2,679.00	\$64,300.00	\$5,358.00
5	\$37,650.00	\$3,138.00	\$75,300.00	\$6,275.00
6	\$43,150.00	\$3,596.00	\$86,300.00	\$7,192.00
7	\$48,650.00	\$4,054.00	\$97,300.00	\$8,108.00
8	\$54,150.00	\$4,513.00	\$108,300.00	\$9,025.00

For Family units with more than 8 members, add \$5,500.00 for each additional member to arrive at yearly amounts for 100%. At 200% yearly amounts are increased by \$11,000.00 for each additional member.



Scholarship Application

Application due date: September 12, 2025

**Application 2025 - must be filled out by
applicant. *Must be a Peoria County Resident.***

Please check one of the following:

New Scholarship Applicant: _____

Repeat Scholarship Applicant: _____

Please type on a separate sheet or print your answers below. If application is illegible it will be returned to you.			
1	Last Name: _____		First Name: _____
2	Mailing Address:: Street: _____ City: _____ State: _____ ZIP: _____		
3	Daytime Telephone Number: _____		Race: _____
	Email address: _____		
4	Social Security # _____ Age: _____ Date of Birth: _____		
5	(Required) Number of Persons in Household: _____	(Required) Household Income (please provide proof of income from past 90 days): _____	
6	(Fill this section out only if you live with Parents) Father's Name: _____		Occupation: _____
	Mother's Name: _____		Occupation: _____
7	High School Attended: _____	ACT/SAT Score: _____	Class Rank: _____

SPOUSE AND DEPENDENT INFORMATION

8	SSN: _____ LAST NAME: _____ RELATIONSHIP: _____	DATE OF BIRTH: _____ FIRST NAME: _____ EDUCATION LEVEL: _____	GENDER: _____ DISABLED?: _____
9	SSN: _____ LAST NAME: _____ RELATIONSHIP: _____	DATE OF BIRTH: _____ FIRST NAME: _____ EDUCATION LEVEL: _____	GENDER: _____ DISABLED?: _____
10	SSN: _____ LAST NAME: _____ RELATIONSHIP: _____	DATE OF BIRTH: _____ FIRST NAME: _____ EDUCATION LEVEL: _____	GENDER: _____ DISABLED?: _____
11	SSN: _____ LAST NAME: _____ RELATIONSHIP: _____	DATE OF BIRTH: _____ FIRST NAME: _____ EDUCATION LEVEL: _____	GENDER: _____ DISABLED?: _____
12	SSN: _____ LAST NAME: _____ RELATIONSHIP: _____	DATE OF BIRTH: _____ FIRST NAME: _____ EDUCATION LEVEL: _____	GENDER: _____ DISABLED?: _____

13	<p>ETHNICITY: <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC ORIGIN <input type="checkbox"/> NAT. AMERICAN/ALASKAN <input type="checkbox"/> ASIAN</p> <p>HOUSING STATUS: <input type="checkbox"/> RENTER- \$ _____ PER MONTH <input type="checkbox"/> OWNER <input type="checkbox"/> HOMELESS <input type="checkbox"/> OTHER</p> <p>FAMILY TYPE: <input type="checkbox"/> FEMALE SINGLE PARENT <input type="checkbox"/> MALE SINGLE PARENT <input type="checkbox"/> TWO PARENT HOUSEHOLD <input type="checkbox"/> COUPLE/ NO CHILDREN <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHER</p>	<p>EDUCATION LEVEL: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 (NOT HS GRAD) <input type="checkbox"/> HS GRAD/GED <input type="checkbox"/> 12+ <input type="checkbox"/> COLLEGE GRAD</p> <p>TYPE OF FARMER : <input type="checkbox"/> FARMER <input type="checkbox"/> MIGRANT <input type="checkbox"/> SEASONAL <input type="checkbox"/> NOT A FARMER</p> <p>SOURCE(S) OF HOUSE HOLD INCOME: <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PENSION <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> GENERAL ASST <input type="checkbox"/> SS <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER</p>
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14	College, Business, Professional/Technical School you plan to attend <u>Fall of 2025:</u> (ILLINOIS SCHOOLS ONLY) _____ Address/ Phone: _____
15	Next Fall, I will be a Freshman Sophomore Junior Senior Graduate Level
16	Will you be a full time student? _____
17	Grade Point Average (GPA): _____ (On a 4.0 scale) Anticipated Date of Graduation_____. Field of Study_____.
18	<p>Have you applied to the Illinois State Scholarship Commission?..... <input type="checkbox"/>Yes <input type="checkbox"/>No If so, results? _____</p> <p>Have you applied for a Student Loan?..... <input type="checkbox"/>Yes <input type="checkbox"/>No If so, results? _____</p> <p>Are you employed?..... <input type="checkbox"/>Yes <input type="checkbox"/>No If so, where? _____</p> <p>Will you receive any other type of Financial Assistance?..... <input type="checkbox"/>Yes <input type="checkbox"/>No If so, what? _____</p>

Please list the following information on a separate sheet if needed.

19	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
20	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.
21	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.

22	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)</p> <p>C. Check "YES" or "NO" to be sure you have attached each item as required.</p>		
O	YES	NO	<p>Three (3 reference letters. Your references will mail these to: PCCEO, Inc. Scholarship Program Attn: Wayne Cannon 711 W. McBean Peoria, IL 61605</p> <p>Or</p> <p>Email: Wcannon@pcceo.org</p>
O	YES	NO	<p>EACH APPLICATION MUST BE ACCOMPANIED BY A COMPOSITION ON THE APPLICANT'S MOTIVATION FOR FURTHERING HIS/HER EDUCATION AND HOW HE/SHE PLANS TO USE HIS/HER EDUCATION TO BENEFIT HIS/HER COMMUNITY.</p>

FUNDS MADE POSSIBLE BY THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY, INC.

I hereby understand that if chosen as a scholarship winner, according to scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

The deadline for this application to be received by PCCEO, Inc. is September 12, 2025.

PCCEO, Inc.
711 W. McBean
Peoria, IL 61605
Phone: 309-671-3900
Fax: 309-671-3913
Website: www.pcceo.org