

ASHLEY County Single Parent Scholarship Fund

STATEMENT OF PURPOSE: To provide supplemental financial assistance (up to \$500 per semester) to single parents who are pursuing a course of instruction, which will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, child care, or expenses related to educational pursuits, as approved by the Scholarship Committee or Board.

CRITERIA: Single parents selected for financial assistance will meet the following criteria and provide verification to the Scholarship Committee or Board:

1. Resident of Ashley County, Arkansas (for the past 6 months)
2. Single head of household (single, divorced, widowed, widower) with sole custody of a child or children under the age of eighteen (18)
3. A high school graduate or have obtained a GED
4. Pursuing an undergraduate course of study or vocational oriented undergrad. **Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Master of Arts in Education.**
5. Must be a recipient of a Pell Grant or have applied.
6. Must have and maintain a 2.50 GPA in high school and/or college
7. Must be a full-time student (12 credit hours) or a part-time student (9 credit hours)
8. **All documentation must be present by the deadline in order for the application to be considered complete.**
9. **All documentation MUST BE MAILED to the address shown on the application. NO EXCEPTIONS.**

INSTRUCTIONS

Applicants must complete a new application for each semester a Scholarship is sought.

Each applicant must submit the following information:

1. A completed application (**Must be typed or completed in blue or black ink**)
2. A verification of Ashley County residence – utility bills in your name (one at least six (6) months old and a current one **OR** a printout from the utility company for the past six (6) months) **OR** a copy of a paid Ashley County Real Estate Tax receipt **OR** a copy of a paid Personal Property Taxes receipt.
3. A copy of most recent transcript (High school or college)
4. A verification document of enrollment/acceptance from Registrar's Office at your institution.
5. Three (3) **typed** and **signed** letters of recommendation from people who are familiar with your character and goals (**Letters can be from a current or former employer, pastor, high school personnel, College or Vocational Instructor or Advisor, or from someone who can speak about your volunteerism or community service.** **Do NOT use relatives as references.**)
6. Applicant's statement of goals (Attach a **typed** personal statement explaining why you have chosen this course of study and what you hope to achieve.)

Note: The Committee may require proof of income, custody, and/or marital status.

To be considered by the Scholarship Committee, Application Packets are to be postmarked NO LATER THAN the application deadline.

**SPRING Application Deadline – January 31
FALL Application Deadline – September 22**

Mail Completed Application Packet to:

**ASHLEY County Single Parent Scholarship Fund
P.O. Box 1482
Crossett, AR 71635**

ASHLEY County Single Parent Scholarship Fund

P.O. Box 1482
Crossett, AR 71635

Application

SPRING Application Deadline – JANUARY 31
FALL Application Deadline – SEPTEMBER 22

Please indicate the semester and year for which you are applying:

FALL _____

SPRING _____

A. Personal Information

1. Full Name: _____ SSN: _____

2. Residential Address:

City/State/Zip Code:

3. Mailing Address (if different from above):

City/State/Zip Code:

4. Phone: Home# _____ Work# _____ Cell# _____

5. Date of Birth (MM/DD/YY): _____ Current Age: _____

6. How long have you been a resident of Ashley County? _____

7. Marital Status (please check only ONE): **(Legally separated or separated are ineligible.)**

Single (Never Married) Married Divorced Widowed/Widower

8. Including yourself, how many individuals are dependent on you for financial help or support?

9. Please list the number and age of children under the age of 18 years old: _____

Age(s): _____

(For example: 3 Age(s): 14, 6, and 2)

10. Is anyone sharing your household expenses with you? YES NO

If YES state gross household income (total household income before taxes):

11. List the name, address and telephone number of your nearest relative:

12. Do you have relatives who are providing support? YES NO

If YES, what assistance do they provide to you? (Check ALL that apply):

Housing Transportation Childcare Financial Help

13. Have you previously applied for an Ashley County Single Parent Scholarship?
 YES NO

If YES, when?

Were you awarded a Single Parent Scholarship? YES NO

14. Have you previously applied for a Single Parent Scholarship from another County? YES

If Yes, what County _____

If YES, when, and the amount _____

Were you awarded a Single Parent Scholarship? YES NO

B. Education Information

1. List schools attended or training received. Give names and dates.
(For example: Crossett High School, Hamburg Diploma, 2006)

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military/Other: _____

2. Are you currently attending college or trade/vocational school? YES NO

If YES, number of credit hours already completed toward degree/diploma:

3. Name of college or trade/vocational school you now attend or plan to attend?

4. What course of study (major) do you plan to pursue?

5. When do you expect to graduate?

6. How many credit hours do you now take or plan to take?

C. Financial Information

1. Will you be working for income while you go to school? YES NO

2. Have you applied for a Pell Grant? YES NO

Have you been granted a Pell Grant? YES NO

Do you know the amount of the Grant? YES NO

If YES, give amount (Per semester):

If NO, you may apply on-line at [HTTP//www.fafsa.ed.gov](http://www.fafsa.ed.gov) or at your educational institution

3. What are your monthly expenses? Please list dollar amount and attach a separate sheet of paper if necessary

Housing	\$
Utilities:	
Electric	\$
Gas	\$
Water	\$
Phone	\$
Food	\$
Transportation (gas, tires, maintenance)	\$
Insurance Coverage	\$
Loan Payments	\$
Clothing, household goods	\$
Medical Costs (doctor, dentist, etc.)	\$
Child Care	\$
Other Expenses (Please list):	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL MONTHLY EXPENSES	\$

4. What is your monthly income and sources? (Must list **ALL** incomes that apply – including Social Security, Rehab, TEA Assistance, Child Support, Scholarship, Pell Grant, Work, Relatives, etc.) attach a separate sheet of paper if necessary

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
TOTAL MONTHLY INCOME	
	\$

5. Please list your employers for the last five years beginning with your present or most recent employers (attach a separate sheet of paper if necessary):

Name of Employer	Address	Job Title	From	To

YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:

I hereby give permission for all information related to my financial aid to be released, upon request, to the Ashley County Single Parent Scholarship Fund (ACSPSF). I give the ACSPSF permission to use my picture for publicity purposes. I understand that this information will be used to acquire donations and other funding for the continuation of this scholarship program.

I understand the questions on this application and I understand that giving false information or failing to provide adequate verification may result in my application being denied and that such actions may impact consideration for future applications.

Signature of Applicant

Date

ASHLEY County Single Parent Scholarship Fund
Applicant Questionnaire

The purpose of this questionnaire is to obtain about the applicants for the Arkansas Single Parent Scholarship Fund. The information will be used to provide statistical information for an evaluation report to the parent organization. Your answers will not in any way affect your opportunity to receive the scholarship from the Ashley County affiliate of SPSF.

Full Name:

Social Security Number:

E-mail address:

Gender: _____ Race: _____

Your intended field of study (Please check one):

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Business | <input type="checkbox"/> Computers | <input type="checkbox"/> Law |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Education | <input type="checkbox"/> Engineering | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Psychology/Counseling | <input type="checkbox"/> Science | <input type="checkbox"/> Industrial/Technical | <input type="checkbox"/> Foreign Language |
- Other:
List course of study: _____

Thank you