

SINGLE PARENT SCHOLARSHIP FUND OF BAXTER COUNTY

Please check one:

Fall _____ Deadline July 15

Spring _____ Deadline Dec. 15

Summer _____ Deadline May 1

Application For Scholarship

_____ **Date of Application**

Applicant must be:

- ***A resident of Baxter County***
- ***A high school graduate (or equivalent)***
- ***A single head of household, legally separated, divorced or widowed***

1. Name _____ Social Security # _____

2. Mailing Address _____
Street City State Zip

3. Residential Address _____

4. Home Phone Number _____ Work Number _____

5. Message Number (where you can receive a message within 24 hours)

6. Age _____ Date of Birth _____
(Month/Day/Year)

7. How long have you been a Baxter County residence? _____

8. Circle appropriate category:
Single Married Divorced Legally Separated Widowed

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

10. Please list the ages of your children _____

11. Is anyone sharing your household expenses with you? Yes ___ No ___

12. Do you have relatives living in the area? Yes ___ No ___

If yes, what assistance do they provide you? (Check all that apply)

_____ Housing _____ Transportation _____ Childcare
_____ Financial Help _____ Other _____ None

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You must reapply each semester for this scholarship.
BE SURE ALL SUPPORTING DOCUMENTATION IS PROVIDED!

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FINANCIAL INFORMATION

13. Are you covered by any health or medical insurance? Yes ___ No ___
14. Will you be working for income while you go to school? Yes ___ No ___
If yes, how many hours each week will you work? _____
15. Please list sources of income in \$ column in Column A if you received income from that source in the LAST 12 months. In Column B, list the \$ amount of income that you expect to receive in the NEXT 12 months. PLEASE INCLUDE ALL SOURCES SUCH AS FOOD STAMPS, HUD, OTHER SCHOLARSHIPS, ETC.

Column A

Amount of yearly income
Received last year
(past 12 months)

Column B

Amount of yearly income
expected within the next
year (next 12 months)

	\$ Per Month	\$ Per Year	\$ Per Month	\$ Per Year
Friends				
Family				
Employment				
Work Study				
Reserve Army Forces				
Unemployment Benefits				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA				
Child Support				
Food Stamps				
Loans				
VA				
State Scholarships				
Pell Grant				
Other Grants (please list)				

Other Income (please list)

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Total household income for the past 12 months _____

Total household income for the next 12 months _____

Do you receive HUD assistance? Yes _____ No _____ How much? _____

Do you receive Food Stamps? Yes _____ No _____ How much? _____

16. What are your average monthly expenses? (Please list dollar amount)

Housing	\$ _____
Utilities (electric, gas, phone, water)	\$ _____
Food	\$ _____
Transportation (gas, tires, maintenance)	\$ _____
Insurance coverage	\$ _____
Loan payments	\$ _____
Monthly payments	\$ _____
Medical expenses (check-ups, dentist, etc.)	\$ _____
Child care	\$ _____
Other expenses (please list)	\$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

17. Have you applied for a Pell Grant? Yes _____ No _____
Have you been awarded a Pell Grant? Yes _____ No _____
Do you know the amount of the grant? Yes _____ No _____
Give amount (per semester) \$ _____

18. Have you applied to the Arkansas Career Pathways program?
Yes _____ No _____

19. Have you previously applied for a Single Parent Scholarship?
Yes _____ No _____
Were you awarded a Single Parent Scholarship? Yes _____ No _____

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20. For what types of costs do you anticipate using the Single Parent Scholarship money?

21. Please list your employers for the past five years beginning with your present or most recent employer:

<u>Name of Employer</u>	<u>Address</u>	<u>Job Title</u>	<u>From - To</u>
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22. If you have not been employed outside of the home, list your major home and community activities for the past five years.

NOTE: Please include anything else about your financial situation or employment history that would be helpful in evaluation you application in question # 29.

EDUCATIONAL INFORMATION

23. List schools attended or training received. Give names and dates. (Example: Mountain Home High School, Diploma, 1995; or GED Mountain Home, 1996)

High School or GED _____

Grade School _____

Trade or Vocational School _____

College _____

Military _____

24. What institution will you attend? _____

25. What course of study do you plan to pursue? _____

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26. When do you plan to graduate? _____
27. If you are a college student, how many hours do you plan to carry? ____
28. Will you be a full-time or part-time student? _____

IMPORTANT!

29. Please have three people, who are familiar with your life experiences and character, write letters of reference. Forward letters to the Scholarship Committee by the application deadline to the address below. (This is required for new applicants only.)
30. Please attach a personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself that might be helpful to the Selection Committee in its evaluation. (This is required of ALL applicants.)
31. Please attach an updated copy of your high school or college transcript (or GED certificate and test scores) to this application. (This is required of ALL applicants.)

Applicant's Signature

Date

Return all information by deadline listed at the top of the application to:

Scholarship Committee
Single Parent Scholarship Fund of Baxter County
1322 Bradley Drive, Suite 7
Mountain Home, AR 72653

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