

Single Parent Scholarship of Boone County

Application (First Time)



PROGRAM INFORMATION

PURPOSE: To provide supplemental financial assistance (up to \$500.00 per semester) to those single parents who are pursuing a course of instruction which will improve their income earning potential.

CRITERIA: Single parents selected for financial assistance will meet the following criteria:

1. Resident of Boone County, Arkansas.
2. High School graduate or equivalent (may apply if enrolled in college and in the process of obtaining GED).
3. Single head of household (single, legally separated, divorced or widowed) with custody of one or more children under the age of eighteen (18).
4. Pursuing a vocationally-oriented course of study (full-time) to ensure a better standard of living for the family.
5. Low income person at or near poverty level.
6. Recipient of Pell Grant or in the process of obtaining one. (Under special circumstances persons not eligible for a Pell Grant under federal guidelines may be considered for this scholarship.
7. Have a current grade point average (GPA) of at least 2.0 if currently enrolled.

APPLICANTS: Each applicant must submit the following on or by the application deadline:

1. Attached completed application. (typewritten or ink)
2. Verification of enrollment.
3. Copy of grades or transcripts of all college, high school or GED work (whichever is most current).
4. Three letters of recommendation.
5. Applicant's Statement of Goals.

DEADLINES: Fall (August 15) Spring (December 15) Summer (May 15)
(Applicants are eligible for two (2) scholarships per year)

MAIL APPLICATION FORM WITH ALL OF THE ABOVE ATTACHMENTS TO:

Single Parent Scholarship Committee

Educational Opportunity Center: (870) 391-3524

Boone County Single Parent Scholarship Fund Application

Deadline: Fall (August 15) Spring (December 15) Summer (May 15)

PERSONAL INFORMATION:

Application Date: _____

Semester Applying For: Fall 20_____ Spring 20_____ Summer 20_____

1. Name: _____ M _____ F _____
Last First Middle Maiden Sex

2. Address: _____ Home Phone: _____
 _____ Work Phone: _____
City State Zip Code

3. Social Security #: _____ Birthdate: _____

4. Circle One: Single Married Divorced Legally Separated Widowed

5. Emergency Contact: _____
(Name) (Relationship) (Phone)

6. How long have you been a Boone County Resident: _____ Years _____ Months

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

8. List the following information:

Children's Name	Age	Date of Birth	Type of Medical Insurance

9. Is anyone else sharing your household expenses? (excluding government assistance) Y or N

10. Do you have any relatives living in the area? Y or N

Check below the assistance your relatives provide for you and your children.

Housing		Financial Help	
Transportation		Other	
Child Care		None	

11. Do you have medical insurance? Y or N

12. Do you own a personal computer? Y or N

EDUCATIONAL:

13. What college or university will you be attending? _____

14. Major: _____ Number of Hours Enrolled: _____

Anticipated Graduation Date: _____

15. Please list below the schools you have previously attended (Grade School, High School, College, Vocational, Military, etc.)

School Name	Date Attended

FINANCIAL AID:

1. Have you applied for Federal Financial Aid? Y or N

2. Have you received Pell? Y or N

Complete the following for the academic year for which you are applying:

Semester:	Pell Amount	Loan Amount	SEOG Amount	AR State Scholarship	Workstudy	Miscellaneous Aid
Fall 20						
Spring 20						
Summer 20						

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

4. Have you previously applied for a Single Parent Scholarship? Y or N

FINANCIAL INFORMATION:

Please list all sources of income you are currently receiving in Column A and income you expect to receive during the next 12 months in Column B.

INCOME

Current Income

Next 12 Months

Column A

Column B

	\$ Per Month	\$ Per Year	\$ Per Month	\$ Per Year
Friends/Family.....				
Employment.....				
Workstudy.....				
Reserved Armed Forces.....				
Unemployment Benefits.....				

Social Security.....				
Rehabilitation.....				
HUD Rental Assistance.....				
TEA.....				
Child Support.....				
Food Stamps.....				
VA.....				
Other (Please List).....				

EXPENSES

What are your average “out of pocket” monthly expenses? (Please list dollar amount)

Expense	Total Amount Spent per Month
Housing	
Utilities (gas, water, electric, phone)	
Food	
Transportation & Car Maintenance	
Insurance Coverage	
Loan Payments	
Clothing	
Medical (checkups, dentists, etc.)	
Child Care	
Household Goods	
Others (Please List)	

EMPLOYMENT INFORMATION:

1. Will you be working while you attend school? Y or N
2. If yes, how many hours each week will you work? _____
3. Please list your employers for the past five years beginning with your most current:

Name of Employer	Address	Job Title	Date (From – To)

4. If you have not been employed outside of the home, list your major home and community activities for the past five years.

- Please have three people send letters of reference to the Scholarship Committee who are familiar with your life experiences and character. Forward letters to the Scholarship Committee.

- 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 which might be helpful to the committee in its evaluation.
- Please attach a transcript or copy of grades from high school, GED or college record to this application.

Applicant's Signature

Date

Please return application, reference letters, personal statement, and transcripts to:

Single Parent Scholarship Committee

Educational Opportunity Center

North Arkansas College

1515 Pioneer Drive

Harrison, AR 72601

(870)391-3524