

# Single Parent Scholarship of Boone County Application



(First Time)

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## PROGRAM INFORMATION

**PURPOSE:** To provide supplemental financial assistance (up to \$600.00 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, 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.
- 6.

**DEADLINES:** **Fall (August 15)**                      **Spring (December 15)**                      **Summer (May 15)**

(Applicants are eligible for two (2) scholarships per year)

# Boone County Single Parent Scholarship 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 Divorced 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	Dates 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 Grant	Workstudy	Miscellaneous
Fall 20__					
Spring 20__					
Summer 20__					

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

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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**  
**ATTN: Tavonda Brown**  
**North Arkansas College**  
**1515 Pioneer Drive**  
**Harrison, AR 72601**