

Boone County Single Parent Scholarship Reapplication Form

Deadline: Fall (August 15)

Spring (December 15)

Summer (May 15)

PERSONAL INFORMATION:

Application Date: _____ Social Security Number: _____
(must submit an application for each semester)

Semester Applying for: Fall 20____ Spring 20____ Summer 20____

1. Name: _____
Last First Middle

2. Address: _____ Home Phone: _____

City State Zip Code Work Phone: _____

3. Circle One: Single Married Divorced Widowed

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

5. List the following information:

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

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

7. 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	

8. Do you have medical insurance? Y or N

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

EDUCATIONAL:

10. Major: _____ Number of Hours Enrolled: _____

Anticipated Graduation Date: _____

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. Number of hours worked while attending school? _____

4. Place of employment: _____ Phone: _____

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

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

	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)	

Reapplication form and copy of grades should be returned to:

Applicant's Signature

Single Parent Scholarship Committee
ATTN: Tavonda Brown
North Arkansas College
1515 Pioneer Drive
Harrison, AR 72601 (870) 391-3524