

SINGLE PARENT VOCATIONAL SCHOLARSHIP FUND OF CHICOT COUNTY

PURPOSE: To develop resources at the local level to enable impoverished single parents, to gain marketable skills and achieve self-sufficiency through education.

REQUIREMENTS: Applicants selected for financial assistance will meet the following requirements:

- (1) Be a resident of Chicot County, Arkansas.
- (2) Be a high school graduate or have achieved a GED.
- (3) Have custody of and be responsible for daily care of her/his child or children under the age of 18.
- (4) Be a single head of household (divorced, widowed, legally separated, never married).
- (5) Be enrolled in or accepted by postsecondary school (full or part time) in a program providing marketable skills to achieve self-sufficiency and a better standard of living.
- (6) Be a low income person near or at the poverty level
- (7) Be a recipient of or applying for a Pell Grant; and
- (8) Have and maintain a 2.00 GPA to be eligible for a scholarship.

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

- (1) Attached application filled out in blue or black ink or typed;
- (2) Proof of enrollment or acceptance (Example: letter from Registrar);
- (3) Transcript of high school or college work;
- (4) Three letters of recommendation [(1)work, (1) school or (1)personal] No relatives
- (5) Applicant's statement { 1 -2(*no more than 2*) pages } of goals, why particular course of study chosen, why scholarship is needed, and other information about yourself which might be helpful in evaluating your application
- (6) Proof of income and resources (Examples: tax returns, letter from employer, if receiving Food Stamps or Medicaid, a printout from your local DHS office; last 3 consecutive paycheck stubs).

CONTACT PERSON: Mrs. Curtistene Jackson
Phone# (870) 538-9703

MAIL APPLICATION FORM AND ALL REQUIRED ATTACHMENTS TO:

Single Parent Vocational Scholarship Fund of Chicot County
P.O. Box 274
Dermott, AR 71638

APPLICATION DEADLINE:

| | |
|--------|------------|
| Fall | August 15 |
| Spring | January 15 |
| Summer | May 15 |

NOTE: Incomplete or late applications will not be processed. Please indicate which semester you are applying for:_____

SINGLE PARENT VOCATIONAL SCHOLARSHIP OF CHICOT COUNTY
POST OFFICE BOX 274
DERMOTT, ARKANSAS 71638

1. Name: _____ Social Security Number: _____
2. Mailing Address: _____
3. Home or Message Phone Number: _____ Work: _____
4. Date of Birth: _____ Emergency Number: _____

Educational Information

5. List names and dates of schools attending or training received. (Example: Ole Main High School, Diploma, 1992)

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military: _____

6. School you will attend: _____
7. # of hrs. you are currently enrolled in: _____ Total # of hrs. you have completed: _____
8. Courses of Study: _____ Expected graduation date: _____

Financial Information

9. SINGLE _____ DIVORCED _____ LEGALLY SEPARATED _____ WIDOWED _____

10. Including yourself, how many individuals depend on you for financial support? _____

11. Ages of your child or children: _____

12. Does anyone else share your household expenses with you on a regular basis?
Yes _____ No _____ (If yes, what?) _____

Do relatives provide assistance? Yes _____ No _____ (If yes, what?)

Housing _____ Transportation _____ Child Care _____ Food _____ Other _____

13. For what costs will you use this scholarship? Tuition _____ Books _____ Food _____
Clothing _____ Housing _____ Child Care _____ Utilities _____ Medical/Dental _____ Other _____

- 14. Are you and your child/children covered by any health insurance? Yes _____ No _____
- 15. Amount of tuition per semester: _____
- 16. Have you applied for a Pell Grant? Yes _____ No _____
- 17. Will you work while in school? Yes _____ No _____ Number of hours per week: _____
- 18. Total anticipated income each month during upcoming school term: _____
- 19. Total household income for the past 12 months: _____
- 20. In Column A, list amount of income in the past 12 months by source.

In Column B, list amount of income you will have while in school.

| | COLUMN A (LAST YEAR) \$ PER MONTH | COLUMN B (COMING YEAR) \$ PER MONTH |
|---------------------------|---|---|
| Work or Work/Study | \$ _____ | \$ _____ |
| TEA | _____ | _____ |
| Child Support | _____ | _____ |
| Unemployment Benefits | _____ | _____ |
| Reserve/Armed Forces | _____ | _____ |
| Rehabilitation/SSI/SSDI | _____ | _____ |
| Social Security | _____ | _____ |
| Family or Friends | _____ | _____ |
| HUD Rental Assistance | _____ | _____ |
| Food Stamps | _____ | _____ |
| Loans | _____ | _____ |
| VA | _____ | _____ |
| Pell Grant | _____ | _____ |
| Scholarships/Other Grants | _____ | _____ |
| Other (Please list) _____ | _____ | _____ |
| TOTAL | \$ _____ | \$ _____ |

- 21. List amount of average monthly expenses:

| | |
|---------------------------|----------|
| | \$ _____ |
| Housing | _____ |
| Utilities | _____ |
| Food | _____ |
| Transportation | _____ |
| Child Care | _____ |
| Insurance | _____ |
| Medical Costs | _____ |
| Clothing/Household Goods | _____ |
| Other (Please list) _____ | _____ |
| TOTAL | \$ _____ |

COLUMNS MUST BE TOTALLED.

22. Have you previously applied for a Single Parent Scholarship?

Yes _____ No _____ (If Yes, When?) Year _____ Semester _____
 Year _____ Semester _____

23. Have you previously applied for a Single Parent Scholarship in another county?

24. List your employment during the past five years, beginning with the most recent.

| Name and Address of Employer | Job Title | From | To |
|---|------------------|-------------|-----------|
| | | | |
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Chicot County Single Parent Scholarship Fund Memorandum of Understanding

I am applying for a scholarship to be awarded by the Chicot County Single Parent Scholarship fund (CCSPSF). I understand the CCSPSF is a private, non-profit organization founded on the principle of providing resources at the local level for single parents of minor children who meet certain eligibility requirements to gain marketable skills through a post-secondary education.

I understand the following:

- CCSPSF has certain requirements for eligibility that must be met before I may be awarded a scholarship
- I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
- Not all applicants who meet eligibility requirements may be awarded a scholarship.
- Scholarships are awarded based on eligibility requirements and the availability of funds. The status of program funds and/or eligibility may change without notice
-

If I am awarded a scholarship or if I should become ineligible to receive a scholarship or any part thereof, I do waive any cause of action that I may have against the CCSPSF, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document that CCSPSF, its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason of not receiving a scholarship.

Applicant Signature

Date

I understand that the Chicot County Single Parent Scholarship Fund is required to verify all information provided to determine eligibility for assistance. I hereby agree to allow contact with other agencies, individuals, or organizations to share information regarding my case and compliance. I understand that applying for or meeting all the requirements is no guarantee of award.

Applicant Signature

Date

I certify that the information given on this application and the attachments is true and correct to the best of my knowledge. I understand that any false information given on this application and/ or attachments, or during an interview (if required) may disqualify this application.

(Applicant's Signature)

(Date)

**Return To: Single Parent Vocational Scholarship of Chicot County
 P.O. Box 274
 Dermott, Arkansas 71638**

**Contact Person: Mrs. Curtistene Jackson
Phone Number: (870)538-9703**