

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) Have custody of and be responsible for daily care of her/his child or children.
- (2) Be a single head of household (divorced, widowed, separated, never married).
- (3) Be a resident of Chicot County, Arkansas.
- (4) Be a high school graduate or have achieved a GED.
- (5) Be enrolled full-time in (or accepted by) a public or private nonprofit postsecondary school in a program providing marketable skills to achieve self-sufficiency and a better standard of living.
- (6) Be a recipient of or applying for a Pell Grant; and
- (7) Have (if already attending college) and maintain a 2.00 average 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 (whichever is most recent);
- (4) Three letters of recommendation (work, school or personal);
- (5) Applicant's statement 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. (1-2 pages) and;
- (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 71
Lake Village, Arkansas 71653

APPLICATION DEADLINE: _____

SINGLE PARENT VOCATIONAL SCHOLARSHIP OF CHICOT COUNTY
POST OFFICE BOX 71
LAKE VILLAGE, ARKANSAS 71653

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, 1792)

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military: _____

6. School you will attend: _____
7. Courses of Study: _____ Expected graduation date: _____

Financial Information

8. SINGLE _____ DIVORCED _____ SEPARATED _____ WIDOWED _____

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

10. Ages of your child or children: _____

11. 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 _____

12. For what costs will you use this scholarship? Tuition _____ Books _____ Food _____

Clothing _____ Housing _____ Child Care _____ Utilities _____ Medical/Dental _____ Other _____

13. Are you and your child/children covered by any health insurance? Yes _____ No _____
14. Total household income for the past 12 months: _____
15. Total anticipated income each month during upcoming school term: _____
16. Will you work while in school? Yes _____ No _____ Number of hours per week: _____
17. 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	\$ _____	\$ _____

18. List amount of average monthly expenses:

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

