

SINGLE PARENT SCHOLARSHIP

FUND OF Clark County

Scholarship Application

Send Application Materials to:

SPSF – Clark County

PO Box 954

Arkadelphia, AR 71923

(870)403-8001

STATEMENT OF PURPOSE

The purpose of the Single Parent Scholarship is to provide supplemental financial assistance to those single parents who are pursuing a course of instruction that will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, childcare, or any other financial need that contributes to the recipient's success in school.

AMOUNT OF SCHOLARSHIP

Single Parent Scholarships are distributed two times a year.

Spring and Fall Semester	Full Time Students	\$500 per semester
Spring and Fall Semester	Part Time Students	\$250 per semester

CRITERIA

Single parents selected for financial assistance will meet the following criteria. They must be:

1. A resident of Clark County, Arkansas;
2. A high school or GED graduate. Grade point of 2.0 or greater for continuing higher education.
3. A single head of household (single, divorced, or widowed) with sole custody of one or more children under the age of 18.
4. Pursuing a career-oriented course of study to ensure a better standard of living for his/her family.
5. A low-income person at or near the poverty level. Use HUD income guidelines on low to moderate income for Clark County.
6. A recipient of, or in the process of, obtaining a Pell Grant

SCHOLARSHIP APPLICATION

PLEASE PRINT IN INK OR TYPE ALL INFORMATION.

Please mark the semester you are applying for: _____ SPRING (Deadline November 1st)
_____ FALL (Deadline July 15th)

A. PERSONAL INFORMATION

1. Full Name _____ SS# _____
2. Mailing Address: _____ City: _____ Zip: _____
3. Residential Address: _____
City: _____ Zip: _____
4. Home Phone # _____ Work Phone # _____ Message Phone # _____
5. Current age: _____ Date of Birth: _____
6. Marital Status:
_____ NEVER MARRIED _____ WIDOW _____ DIVORCED
7. Including you, how many individuals are dependent on you for financial help or support? _____
8. Please list the ages of your children _____
9. Is anyone sharing your household expenses with you? YES _____ NO _____
10. Do you have relatives living in the area? YES _____ NO _____
 If YES, what assistance do they provide you? (Check all that apply)
 _____ Housing _____ Transportation _____ Childcare
 _____ Financial Help _____ Other _____ None
11. Have you previously applied for a Clark County Single Parent Scholarship?
 YES _____ NO _____
 Were you awarded a Single Parent Scholarship? YES _____ NO _____
 If YES, when? _____

B. EDUCATIONAL INFORMATION

1. List schools attended or training received. Give names and dates. Identify degree or number of credits earned.
(Example: Arkadelphia High School, Diploma 2000; GED Gurdon 2005; OBU 1998-2000, 21 credits).
High School or GED: _____
Trade or Vocational School: _____
College: _____
Military/Other: _____

2. Have you ever attended a Post-secondary College? YES _____ NO _____
3. Are you currently attending Post-secondary College? YES _____ NO _____
- If YES: How many credit hours have you completed toward your degree/diploma? _____
- Continuing students must have a 2.0 grade point or higher.
4. What college or school do you now attend or plan to attend? _____
5. What course of study (major) do you plan to pursue? _____
6. When do you expect to graduate? _____
7. Will you be a full-time or part-time student? Full _____ Part _____
8. How many credit hours do you now take or plan to take? _____

C. FINANCIAL INFORMATION

1. What are your average monthly expenses? (Please list dollar amount)

Housing	\$ _____
Utilities (electric, gas, phone, water)	\$ _____
Food	\$ _____
Transportation (gas, tires, maintenance)	\$ _____
Insurance coverage	\$ _____
Loan payments	\$ _____
Monthly payments	\$ _____
Clothing, household goods	\$ _____
Medical costs (check-ups, dentist, etc.)	\$ _____
Child care	\$ _____
Other expenses (please list)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

2. Are you covered by any health or medical insurance? YES _____ NO _____
3. Will you be working for income while you go to school? YES _____ NO _____
- If YES, how many hours each week will you work? _____

4. Please list sources of income in \$ figures in **Column A** if you derived income from that source in the **LAST 12** months. In **Column B**, list the \$ amount of sources of income that you will derive income from in the **NEXT 12** months. **If Column B is not completed, we cannot process your application.**

PLEASE INCLUDE ALL SOURCES SUCH AS FOOD STAMPS, HUD, OTHER SCHOLARSHIPS, ETC.

SOURCE OF INCOME	COLUMN A (LAST 12 MONTHS)		COLUMN B (NEXT 12 MONTHS)	
	PER MONTH	PER YEAR	PER MONTH	PER YEAR
	Friends			
Family				
Employment				
Work Study				
Reserve Armed Forces				
Unemployment				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA Assistance				
Child Support				
Food Stamps				
V.A.				
Loans				
Scholarships				
Pell Grant				
TOTAL				

Other Grants or sources of income (please list): _____

TOTAL HOUSEHOLD INCOME FOR PAST 12 MONTHS: \$ _____

TOTAL HOUSEHOLD INCOME FOR NEXT 12 MONTHS: \$ _____

(OPTIONAL) Please include here anything else about your financial situation that would be helpful in evaluating your application in the space provided: _____

5. Have you applied for a Pell Grant? YES _____ NO _____
 Have you been granted a Pell Grant? YES _____ NO _____

Do you know the amount of the Grant? YES _____ NO _____

If YES, give amount (per semester) \$ _____

If NO, you may apply on-line at [http:// www.fafsa.ed.gov](http://www.fafsa.ed.gov)

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

7. Please list your employers for the past five years beginning with your present or most recent employer:

Name of Employer	Address	Job Title	From – To
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If you have not been employed outside the home, list some of your major home and community activities: _____

D. ADDITIONAL REQUIREMENTS

1. Please have three people (not related to you) send letters of reference to the Scholarship Committee. They should be familiar with your life experiences and with your character.
2. 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 that might be helpful to the Selection Committee in its evaluation.
3. Please attach a copy of your high school diploma or college transcript with grade point average (or GED certificate and test scores) to this application. Also, please provide **proof of enrollment** if this is your first semester to attend college.
4. Other requirements and criteria may apply.

You must sign and date the release statement below.

VERIFICATION

I hereby give permission for all financial and academic information related to my application for a Single Parent Scholarship to be released, upon request, to the Single Parent Scholarship Fund of Clark County.

Signature of Applicant

Date