

SINGLE PARENT SCHOLARSHIP FUND OF CLAY COUNTY  
P.O. BOX 366  
PIGGOTT, AR 72454

**Spring applications are due by December 30.**  
**Fall applications are due by August 16.**

**PURPOSE:** To provide supplemental financial assistance (up to \$500 per semester\*)  
To those single parents who are pursuing a course of instruction which will  
improve their income-earning potential. Scholarships may be used for tuition,  
books, utility bills, car maintenance, childcare, etc.

- Applicants may reapply for scholarship assistance each semester of study.

**CRITERIA:** Single parents selected for financial assistance will meet the following  
Criteria:

1. Be a resident of Clay County
2. High School graduate or equivalent (may apply if enrolled in college and in  
process of obtaining GED diploma).
3. Single head of household (single, legally separated, divorced or widowed).
4. Pursuing a vocationally oriented undergraduate course of study (full or part-  
time) to ensure a better standard of living for his/her family. Applicants  
cannot already have earned an undergraduate degree.
5. Low-income person at or near the poverty level.
6. Recipient of a Pell grant or in process of obtaining one.
7. Grade Point Average must be 2.0 or higher.

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

1. Attached application form filled out in ink or typed.
2. Verification of enrollment/acceptance. See Question #25.
3. Transcript of high school or college work, whichever is more recent. (If you  
are applying for the coming semester and are enrolled in college currently,

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please submit a list of the grades for the courses you are carrying, preferably signed by each professor, at the time you submit this application).

4. Three (3) letters of recommendation from people who are familiar with your character and goals. (You cannot use relatives as references).

5. Applicant's statement of goals. See question #32 on Application Form.

Please check appropriate choice:

Each semester we would like to send names and descriptions of scholarship recipients to those individuals who donate money to the Single Parent Scholarship Fund of Clay County.

If you are selected as a recipient, can we use your name along with a description of you using information from your goal statement?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "no", can we use a description of you without your name if you are selected as a recipient?

Yes \_\_\_\_\_ No \_\_\_\_\_

Application form and all of the foregoing attachments are to be mailed to:

DUANE DUTKA

SINGLE PARENT SCHOLARSHIP FUND OF CLAY COUNTY

P.O. BOX 366

PIGGOTT, AR 72454

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**APPLICATION FOR SCHOLARSHIP**

Applicant Must Be:

- A resident of Clay County
- A high school graduate (or equivalent)
- A single head of household, legally separated, divorced, or widowed. (Both parents of your children can not live in your house).

\_\_\_\_\_  
(Date of Application)

1. Name \_\_\_\_\_ SS# \_\_\_\_\_

2. Email Address \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

4. City or Nearest Community \_\_\_\_\_

5. Home Phone Number \_\_\_\_\_ Business # \_\_\_\_\_

If you have no home or work phone, where can you be reached to receive a message  
Within 24 hours. \_\_\_\_\_

6. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Month/day/year

7. How long have you been a Clay County resident? \_\_\_\_\_

8. SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED  
(circle appropriate category or categories)

9. Including yourself, how many individuals are dependent on you for financial help or  
support? \_\_\_\_\_

10. Please list every adult living in your house and state their relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

11. Please list every child living in your house, their ages and their relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

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12. Is anyone else sharing your household expenses with you? Yes\_\_\_\_ No\_\_\_\_
13. Do you have relatives living in the area? Yes\_\_\_\_\_ No\_\_\_\_\_
- if yes, what assistance do they provide you? (check types of assistance provided)
- Housing\_\_\_\_Transportation\_\_\_\_Childcare\_\_\_\_Financial\_\_\_\_Other\_\_\_\_None\_\_\_\_

Financial Information

14. Are you covered by any health or medical insurance? Yes\_\_\_\_\_ NO\_\_\_\_\_
15. Will you be working for income while you go to school? Yes\_\_\_\_\_NO\_\_\_\_\_

If yes, how many hours each week will you work?\_\_\_\_\_

16. What was your total household income for the past 12 months? \$\_\_\_\_\_
17. What will be your total anticipated income each month once you enter the upcoming school term?\_\_\_\_\_

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16. 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 income you will derive from this source once you begin the school term.

	Column A	Column B
Friends	_____	_____
Family	_____	_____
Employment	_____	_____
Work Study	_____	_____
Reserve Armed Forces	_____	_____
Unemployment Ben.	_____	_____
Social Security	_____	_____
Rehabilitation	_____	_____
HUD Rental Assistance	_____	_____
TEA	_____	_____
Child Support	_____	_____
Food Stamps	_____	_____
Loans	_____	_____
VA	_____	_____
State Scholarship	_____	_____
Grants	_____	_____
_____	_____	_____
_____	_____	_____

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	Column A	Column B
Pell Grant	_____	_____
Other (Please List)	_____	_____

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

Housing. Do you receive HUD assistance? Yes\_\_\_NO\_\_\_  
\$\_\_\_\_\_

Utilities (elec., gas, phone, water) \$\_\_\_\_\_

Food. Do you receive Food Stamps? Yes\_\_\_No\_\_\_ \$\_\_\_\_\_

Transportation (gas, tires, maintenance) \$\_\_\_\_\_

Insurance coverage \$\_\_\_\_\_

Loan Payments \$\_\_\_\_\_

Monthly Payments \$\_\_\_\_\_

Clothing, household goods \$\_\_\_\_\_

Medical costs (check-ups, dentist, etc) \$\_\_\_\_\_

Childcare \$\_\_\_\_\_

Other expenses (please list)

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

19. 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\_\_\_\_\_

Give amount of Grant per semester. \$\_\_\_\_\_

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20. Have you previously applied for a Single Parent Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_  
Were you awarded a Single Parent Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_  
What was/were the dates of the scholarship award?

Year \_\_\_\_\_ Semester \_\_\_\_\_

Year \_\_\_\_\_ Semester \_\_\_\_\_

Year \_\_\_\_\_ Semester \_\_\_\_\_

21. For what types of expenses do you anticipate using the Scholarship?

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22. Please list your employers for the past five years beginning with your present or most Employer:

Name of Employer	Address	Job Title	From - To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. If you have not been employed outside the home, list your major home and community activities for the past five years.

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Note: Please include anything else about your financial situation that would be helpful in evaluating your application.

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Educational Information

24. List schools attended or training received. Give names and dates.

High School or GED \_\_\_\_\_

Grade School \_\_\_\_\_

Trade or Vocational School \_\_\_\_\_

College \_\_\_\_\_

Military \_\_\_\_\_

25. What institution will you attend? \_\_\_\_\_

**(Attach proof of enrollment/acceptance)**

26. What vocational course of study do you plan to pursue? \_\_\_\_\_

27. When do you expect to graduate? \_\_\_\_\_

28. If you are a college student, how many hours do you plan to carry? \_\_\_\_\_

29. Will you be a full-time or part-time student? Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_

30. Do you plan to stay in Clay County after you've completed your schooling?

Yes \_\_\_\_\_ NO \_\_\_\_\_

31. 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 (address below) by the application deadline.

32. 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.

33. Please attach a transcript of high school, GED or college record to this application.

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**By signing this application, I am agreeing that all the information on it is true. I understand that if I falsely represent any information on this application that I can be charged with fraud and/or disqualified from this and any future scholarships. If I receive a SPSF scholarship, I will report to the address below if I drop out of school for any reason.**

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Applicant's signature

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Date

Forward information and application to:

Duane Dutka  
Single Parent Scholarship Fund of Clay County  
P.O. Box 366  
Piggott, Ar. 72454



Arkansas Department of Higher Education / Single Parent Scholarship Project

**PERMISSION TO RELEASE CONFIDENTIAL INFORMATION**

**Section I (required authorization)**

I, \_\_\_\_\_, hereby grant permission to the Single Parent Scholarship Fund serving \_\_\_\_\_ County to release confidential information provided  
(print name)  
(county of residence)

on my scholarship application to the Arkansas Single Parent Scholarship Fund and the Arkansas Department of Higher Education. I understand that this information will be used for statistical purposes only and will not be released to any other organization or individual with the exception of the separately signed authorization below. This information will be limited to:

- Name
- Social Security Number
- Date of Birth
- County of Residence
- Institution of Higher Learning
- Race
- Gender
- Amount of Scholarship Award

The following optional information may be reported:

- \* High School Attended
- \* ACT Test Score(or ACT equivalent)
- \* GED Test Score
- \* Cumulative GPA (High School and/or College)

→ \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Section II (authorization optional – signature required)**

A student who receives any form of state-supported student financial assistance, as defined by Act 605 of 2009, must sign this form indicating whether she/he authorizes the Arkansas Department of Higher Education and/or the institution of higher education where the student attends to release her/his individual personal information to the Bureau of Legislative Research. The Bureau assists the Arkansas General Assembly by providing statistical analysis of student information. The Bureau will not receive or release a student’s name, social security number, or income information.

If authorized, the following individual personal information may be released to the Bureau of Legislative Research:

1. A unique student identifier
2. Status for Federal Pell grant
3. Postsecondary grade point average
4. Number of semester hours attempted
5. Number of semester hours completed
6. Gender, race, ethnicity, and age
7. High school graduated from or GED test score
8. High school grade point average
9. ACT score or ACT equivalent score
10. Academic progress information

**A decision to authorize or not authorize the release of this information to the Bureau of Legislative Research WILL NOT affect eligibility for state-supported student financial assistance, including the ADHE/Single Parent Scholarship.**

**\*Please check only one of the following options and sign below:**

- I authorize the release my individual personal information to the Bureau of Legislative Research.
- I do not authorize the release my individual personal information to the Bureau of Legislative Research.

→ \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE