

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

Fall applications are due by August 16, 2010
Spring applications are due by December 31, 2010

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.

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 #23.
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,
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).

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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 #30 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. Mailing Address _____

City or Nearest Community _____

3. Home Phone Number _____ Business # _____

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

4. Age _____ Date of Birth _____
Month/day/year

5. How long have you been a Clay County resident? _____

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

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

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

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

10. Is anyone else sharing your household expenses with you? Yes ____ No ____

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11. 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

12. Are you covered by any health or medical insurance? Yes _____ NO _____

13. Will you be working for income while you go to school? Yes _____NO _____

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

14. What was your total household income for the past 12 months? \$ _____

15. What will be your total anticipated income each month once you enter the upcoming school term? _____

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.

Source	Column A	Column B
Employment		
Pell Grant		
Other grant		
State scholarship		
Loans		
Food Stamps		
VA		
Resrve Armed Forces		
Unemployment Benefits		
Social Security		
Work Study		
Friends		
Family		
Rehabilitation services		
HUD rental assistance		
TEA		
Child Support		
Other (specify)		

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17. 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)

_____ \$_____

_____ \$_____

_____ \$_____

18. 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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19. 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 _____

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

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

Name of Employer	Address	Job Title	From - To
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22. If you have not been employed outside the home, list your major home and community activities for the past five years.

Note: Please include anything else about your financial situation that would be helpful in evaluating your application in #30.

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Educational Information

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

High School or GED _____

Grade School _____

Trade or Vocational School _____

College _____

Military _____

24. What institution will you attend? _____

25. What vocational course of study do you plan to pursue? _____

26. When do you expect to graduate? _____

27. If you are a college student, how many hours do you plan to carry? _____

28. Will you be a full-time or part-time student? Full Time _____ Part-Time _____

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

Yes _____ NO _____

30. 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.

31. 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.

32. 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.

Applicant's signature

Date

Forward information and application to:

Duane Dutka
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