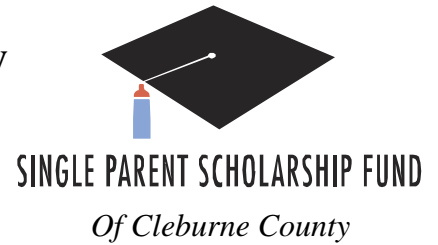


Single Parent Scholarship Fund of Cleburne County Scholarship Application

PO Box 833 • Heber Springs, Arkansas 72543



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 which 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. Scholarships shall be paid directly to the institution in an amount not to exceed that set by the Board for the period applied for.

Spring and Fall Sessions:	Full Time Students	<u>\$500.00</u>	Part Time Students	<u>Prorated by Hours</u>
Summer Sessions:		<u>\$250.00</u>		

Applicants may reapply for each semester they are attending school **but they must fill out a renewal application for each semester a scholarship is sought.**

Criteria

Single parents selected for financial assistance must meet the following criteria:

- Resident of Cleburne County, Arkansas for at least 30 days preceding the deadline for receipt of completed application. Applicant may be required to produce deposit receipts, utility bills, or other proof of residency (as may be required by the Board)
- Single head of household (single, legally separated, divorced or widowed) with sole custody of one or more children under the age of 18 Have at least one natural child, one adopted child, or one child of whom the applicant is the legal guardian or for whom the applicant stands in the position of parent and is required to provide for the daily needs of the child
- Pursuing a career-oriented course of study (full or part time) to ensure a better standard of living for his/her family. Applicant cannot previously have earned a bachelor level degree.
- Be enrolled in an accredited, public or private non-profit post secondary school in a program providing marketable skills to achieve self-sufficiency
- Low-income person at or near the poverty level
- Recipient of a Pell Grant or in the process of obtaining a Pell Grant
- Have maintained a grade point average, on a 4.0 scale, of at least 2.5 overall

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PLEASE READ THE FOLLOWING:

- Please complete every blank; incomplete applications WILL NOT be considered.
- Applications must be postmarked on or before deadline dates.
- The Single Parent Scholarship is a competitive scholarship. All qualified applicants may **not** be selected.
- **You will be required to submit to a 15-20 minute interview and may be asked to provide additional references.**

APPLICANTS ARE REQUIRED TO SUBMIT:

- Completed forms in this packet, p.3-5
- Proof of enrollment or acceptance to an institution of post-secondary education
- An official transcript of high school or college work and a copy of the most recent grade report received if recent grades are not included on the transcript
- Two letters of recommendation from individuals familiar with the applicant's character and education goals (not from relatives)
- A statement by the applicant explaining the particular course of study chosen, why the scholarship is needed, and any other information that might be helpful in evaluating the application. This statement should not exceed 500 words.
- The signed application affirming that the information contained on the application, and other information submitted therewith, is true, correct, and free of material misrepresentation or deliberate omission., p.6
- Federal tax return: attach a copy of the first page of your most recent federal tax return
- Pell Grant: attach a copy of your Student Aid Report (SAR) or other proof that you have applied for the Pell Grant. (You can go online at www.fafsa.ed.gov to print a copy of your SAR.)

Only the information furnished in the application, other submitted documents, and any personal interviews will be relied upon by the Board in awarding the scholarships. By submitting an application, the applicant grants the Board the authority to verify the information submitted and agrees to sign any consent forms required by those asked to verify the information. The applicant shall truthfully respond to all relevant questions asked at any personal interviews.

To prevent the impression of a conflict of interest, SPSFCC Board Members and their immediate relatives are ineligible to receive and will not knowingly be awarded a Single Parent Scholarship.

Employment Information

Will you be working while attending school this semester? Full-time___ Part-Time___ No___

List your most current or most recent employment:

Employer:
Address: (including city, state, zip)
Phone:
Job Title:
Number of hours per week:

List your employers for the past **three** years:

If not employed outside the home, list your major home and community activities for the past **three** years:

Financial Information

Are you covered by any health insurance or medical insurance?	Y		N	
Is anyone sharing household expenses with you?	Y		N	
Have you previously applied for a Single Parent Scholarship If yes, when? _____	Y		N	
Were you awarded a Single Parent Scholarship?	Y		N	
Do you have relatives living in the area? If yes, what assistance do they provide? (Check all that apply) Housing__ Financial__ Transportation__ Childcare__ Other__ None__	Y		N	
Have you applied for a Pell Grant?	Y		N	
Have you been granted a Pell Grant? If yes, what is the amount per semester? _____	Y		N	

Please list all scholarships and financial aid you have applied for and/or will be receiving during the semester for which this scholarship would be used:

Type of Financial Aid	Have you received an award letter?	Dollar amount awarded
Pell Grant		
Student Loan		
Work Study		
Other Grants / Scholarships		
Other types of financial aid (please specify)		

School Term Costs: Tuition_____ Books_____ Fees_____ Supplies_____

Sources of Income

Please list both monthly and annual amounts for each source of income. Column A should include income derived from each source during the PAST 12 months. Column B should include the amounts you expect to derive from each source during the NEXT 12 months. **THIS SECTION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR A SCHOLARSHIP.**

Source of Income	Column A (Past 12 months)		Column B (Next 12 months)	
	Per Month	Per Year	Per Month	Per Year
Friends / Family				
Employment				
Child Support				
Reserved Armed Forces				
Unemployment Benefits				
Work Study				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TANF Assistance				
Child Care Vouchers				
Food Stamps				
VA				
Work Force				
TOTALS	\$	\$	\$	\$

Monthly Expenses List your average monthly expenses. (Please list dollar amounts.)

Expense:	Amount you pay:
Housing	
Utilities (gas, electric, phone, water)	
Food	
Transportation / Auto Insurance Coverage	
Health Insurance/ Medical Costs (check-ups, dentist, etc)	
Clothing and Household goods	
Childcare	
Credit Card Payments/ Other Loan Payments	
Other Monthly Expenses (Please list)	
TOTAL AVERAGE MONTHLY EXPENSES	\$

Total anticipated monthly income once you enter the upcoming school term: \$ _____

Memorandum of Understanding

I am applying for a scholarship to be awarded by the Single Parent Scholarship Fund of Cleburne County (SPSFCC). I understand the SPSFCC is a private, non-profit organization founded on the principle of providing opportunity to post-secondary education and removing barriers that may hinder the opportunity for higher education for single parents of minor children who meet certain eligibility requirements.

I understand the following:

- SPSFCC 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.
- I *WILL* contact SPSFCC *before* dropping any classes.
- If I drop below full time or out of school for any reason, marry or move out of Cleburne County, I lose all rights to remaining awarded 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 SPSFCC, its officers, directors, fiscal sponsor, employees, or volunteers. I understand that by affixing my signature to this document that SPSFCC, its officers, directors, fiscal sponsor, 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 Single Parent Scholarship Fund of Cleburne County 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. It is also my understanding that the SPSFCC board will work with the college or vocational school I plan to attend on my behalf and has my permission to obtain access to my past, current, and future school records. I also agree to participate in follow up research conducted by SPSFCC as needed for their subsequent reports.

Applicant Signature

Date

The undersigned applicant states that the information contained in this application along with any attachments hereto, is true and correct to the best of the applicant's knowledge and belief; that the applicant has read all of the requirements and criteria for the Single Parent Scholarship Fund of Cleburne County and agrees to abide by them; that the applicant shall abide by the decisions of the SPSFCC, regarding the granting of any scholarship; that such decisions shall be final; and the applicant agrees that only a complete application will be reviewed.

Applicant Signature

Date

SPSFCC SCHOLARSHIP CHECK-LIST

PLEASE REVIEW THE FOLLOWING **BEFORE** SUBMITTING APPLICATION. **Incomplete Applications will not be considered.**

Include each of the following:

_____ Completed application pages 3 through 5

_____ Proof of enrollment or acceptance

_____ Official transcript from high school / college

_____ **Two** letters of recommendation

_____ Personal narrative, including goals and why the scholarship is needed (500 word maximum)

_____ MOU / Signature form (page 6)

_____ A copy of your student aid report (SAR) or other proof that you have applied for a Pell Grant

_____ Federal tax return

YOU WILL BE NOTIFIED OF THE DATE OF YOUR PERSONAL INTERVIEW OR IF ADDITIONAL REFERENCES ARE REQUIRED.

All information must be received and postmarked by deadline.

Mail all information to:

Single Parent Scholarship Fund of Cleburne County

PO Box 833

Heber Springs, AR 72543