

# Single Parent Scholarship Fund of Cleburne County RENEWAL Scholarship Application

PO Box 833 • Heber Springs, Arkansas 72543



**SINGLE PARENT SCHOLARSHIP FUND**  
*Of Cleburne County*

## **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.

**Applicants may complete the Renewal Application once they have received a previous scholarship from Cleburne County Single Parent Scholarship Fund, as long as they are attending consecutive semesters.**

## **Amount of Scholarship**

Scholarships are distributed three times a year and are 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>		

## **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

# **SPSFCC RENEWAL APPLICATION for SCHOLARSHIP**

Please print or type all information.

If applications are mailed, they must be post-marked on or before the deadline.

A complete Renewal Application includes the following:

(Incomplete applications will not be considered)

\_\_\_\_\_ Renewal Application pages 2 through 5

\_\_\_\_\_ Proof of enrollment or acceptance/Official class schedule

\_\_\_\_\_ Official college transcript

\_\_\_\_\_ Signature/release forms (page 5)

\_\_\_\_\_ First page of your most recent federal tax return. Required once a year.

Mail all information to:

Single Parent Scholarship Fund of Cleburne County  
PO Box 833  
Heber Springs, AR 72543

Check the semester for which you are applying:

\_\_\_ **Spring** (Deadline December 15)

\_\_\_ **Summer** (Deadline May 15)

\_\_\_ **Fall** (Deadline July 15)

## **Personal Information**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street # / P.O. Box

City

State

Zip Code

Residential Address: \_\_\_\_\_

(If different from above) Street # / P.O. Box

City

State

Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_ Gender: Male \_\_\_ Female \_\_\_

## **Educational Information**

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

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

When do you expect to graduate? Month \_\_\_\_\_ Year \_\_\_\_\_

Will you be enrolled as: Full-time student \_\_\_ Part-time student \_\_\_

Number of credit hours taken this semester to be covered by this scholarship? \_\_\_\_\_

What is your current GPA? \_\_\_\_\_ What is your cumulative GPA? \_\_\_\_\_

## SPSFCC RENEWAL APPLICATION for 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:

### 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? _____ 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\_\_\_\_\_

## **SPSFCC RENEWAL APPLICATION for SCHOLARSHIP**

### **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				
<b>TOTALS</b>	\$	\$	\$	\$

**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)	
<b>TOTAL AVERAGE MONTHLY EXPENSES</b>	\$

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

**SPSFCC RENEWAL APPLICATION for SCHOLARSHIP**

**Memorandum of Understanding**

I am applying for a scholarship to be awarded by the Cleburne County Single Parent Scholarship Fund (CCSPSF). I understand the CCSPSF 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:

- CCSPSF 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 CCSPSF *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 CCSPSF, its Board of Directors or Fiscal Sponsor. I understand that by affixing my signature to this document that CCSPSF, its Board of Directors or Fiscal Sponsor 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 Cleburne County Single Parent Scholarship Fund 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 CCSPSF Board Members 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.

\_\_\_\_\_  
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 Cleburne County Single Parent Scholarship Fund and agrees to abide by them; that the applicant shall abide by the decisions of the Cleburne County Single Parent Scholarship Fund, 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