



Scholarship Application

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 three times a year.

Spring and Fall Semesters:	Full Time Students	\$1000	Part Time Students	\$500
Summer Session:	All Students	\$500 per session up to \$1000		

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.**

Deadlines

Fall Sessions:	July 15th
Spring Sessions:	November 15th
Summer Sessions:	March 15th

Criteria

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

1. Resident of Cleveland County, Arkansas.
2. Low income person at or near the poverty level.
3. Single head of household (single, legally separated, divorced, widowed) with sole custody of one or more children under the age of 18.
4. High school or GED graduate.
5. Pursuing a career-oriented course of study (full or part time) to ensure a better standard of living for his/her family. Applicants must not have a baccalaureate degree with the exception of those pursuing a Master of Arts in Teaching.
6. Accepted for admission at an accredited educational institution.
7. Recipient of a Pell Grant or in the process of applying for a Pell Grant.

Applications should be mailed to:

Single Parent Scholarship Fund of Cleveland County
c/o Cleveland County School District/Cleveland County Head Start
P.O.Box 600
Rison, AR 71665

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EDUCATIONAL INFORMATION

Have you previously earned a bacallaureate level degree? Yes No

List schools attended or training received. Give names and dates. Identify degree or number of credits earned. (Example: Rison High School, Diploma 1964; GED Fordyce, 1980; U of A 1999-2000, 21 credits).

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military/Other: _____

Are you currently attending college or school? Yes No

If YES: When did you first enroll? _____
 How many credit hours have you completed toward your degree/diploma? _____
 How many credit hours are you taking this semester? _____
 What is your current cumulative grade point average? _____

What college or school do you now attend or plan to attend? _____

What course of study (major) do you plan to pursue? _____

When do you expect to graduate? Month _____ Year _____

Will you be a full-time or part-time student during the semester covered by this scholarship? Full ____ Part ____

How many credit hours will you take during the semester covered by this scholarship? _____

FINANCIAL INFORMATION

Is anyone sharing household expenses with you? Yes No

If YES: Name _____

 Relationship to you _____

Do you receive assistance from relatives or friends in any of the areas listed below? (Check all that apply)

_____ Housing _____ Transportation _____ Childcare

_____ Financial Help _____ Other (please list)

_____ I do not receive any assistance from relatives or friends.

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Are you covered by any health insurance? Yes No

Are you currently working? Yes No

If YES: Number of hours you work per week: _____
Is this a work study position? Yes No

Will you be working for income during the semester covered by this scholarship? Yes No

If YES: Number of hours you expect to work per week: _____
Will this be a work study position? Yes No

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

Please list any volunteer work or community activities in which you have participated during the past 5 years:

Have you previously applied for a Cleveland County Single Parent Scholarship? Yes No

If YES: Were you awarded a Single Parent Scholarship? Yes No
If YES, when? _____

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

What are your anticipated school expenses for the semester covered by this scholarship?

Tuition and Fees _____
Books and Supplies _____

Have you applied for other types of financial aid? Yes No

If YES: Have you received your financial aid award notification? Yes No

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Please list the amounts of each type of financial aid you have received in the recent past or or will receive during the next semester.

Type of Financial Aid	Amount Received Last Semester	Amount Received Current Semester	Amount Expected Next Semester
Pell Grant			
Student Loans			
Work Study			
Other Grants or Scholarships (Do NOT include anticipated SPSF Scholarship money in this amount).			
Other types of financial aid: (Please specify)			

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 (Net Income)	Column A (Past 12 Months)		Column B (Next 12 Months)	
	Per Month	Per Year	Per Month	Per Year
Family and Friends				
Employment				
Child Support				
Reserve Armed Forces				
Unemployment				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA Assistance				
Child Care Vouchers				
Food Stamps				
V.A.				
Loand from Family or Friends				
Savings				
Other (Please list)				
TOTAL				

In the space below and/or on the back of this sheet please include anything else about your financial situation that would be helpful in evaluating your application.

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ADDITIONAL REQUIREMENTS

1. **APPLICATIONS MUST BE COMPLETED AND RECEIVED BY THE DEADLINE TO BE CONSIDERED FOR A SCHOLARSHIP.** If you leave any section blank you will not be considered for a scholarship.

2. **FIRST TIME APPLICANTS** must submit the following supporting documents in addition to this application form. Use this checklist to be sure your application packet is complete.

_____ Two letters of reference from people (not related to you) who are familiar with your life experiences and with your character.

_____ 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 which might be helpful to the Review Committee in its evaluation.

_____ A copy of your latest grade statement (if recipient was in school) or high school transcript.

_____ A letter of acceptance/admission from the school of your choice.

_____ A letter from Financial Aid Officer of educational institution stating Pell Grant status.

Upon submission of your application you will receive a letter telling you if your application packet is complete. You will only receive one notice if you are missing required items.

3. After the submission deadline, applications will be screened for eligibility. Those applicants eligible for a Single Parent Scholarship will be invited to a personal interview. You will receive a notice telling you the days and times interviews will be conducted.

4. After the interviews, applicants will receive a written notice advising them whether they have been awarded a scholarship. If you receive a scholarship your notification letter will specify the date scholarship money will be distributed and the procedure to follow to receive your check. **Prior to check distribution each recipient must submit:**

_____ A copy of the final grades from the previous semester (if recipient was in school) and

_____ A class schedule for the semester covered by the scholarship.

5. Part time students must take a minimum of 6 credits hours to be eligible for a scholarship or be a completer with less than 6 credit hours.

6. You must sign and date the Memorandum of Understanding (Page 6).

The following is OPTIONAL but your assistance in these areas increases the ability of Single Parent Scholarship Fund to publicize our efforts and to raise money. Please check yes or no to each item and sign at the bottom of the page. Thank you!

I hereby give Single Parent Scholarship Fund permission to use information about my background, experiences and academic accomplishments in promotional materials. Yes, with my name_____ Yes, but only anonymously_____ No_____

I hereby give permission for the use of pictures of me and my children taken at award ceremonies and SPSFCC events in promotional materials and media announcements. Yes, with my children_____ Yes, but only me_____ No_____

I would be willing to assist SPSF by speaking at civic clubs, churches, or other engagements in which members of the community want to learn about the activities of the Single Parent Scholarship Fund. Yes_____ No_____

Signature

Date

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Memorandum of Understanding

I am applying for a scholarship to be awarded by the Single Parent Scholarship Fund of Cleveland County (SPSFCC). I understand that the SPSFCC is a private, non-profit organization which awards scholarships to single parents who meet certain eligibility requirements.

I understand the following:

1. SPSFCC has certain requirements for eligibility that must be met before I may be awarded a scholarship.
2. The status of program funds and/or eligibility requirements may be change without notice.
3. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
4. Not all applicants who meet eligibility requirements may be awarded a scholarship.
5. If I drop out of school for any reason, marry, or move out of Cleveland County, I lose all rights to remaining awarded funds. I shall be responsible for notifying SPSFCC.
6. I understand that dropping classes, in any given semester, below the award amount, may affect current or future scholarship awards. I shall be responsible for notifying SPSFCC.
7. I understand that if I miss an interview appointment I may become ineligible to receive a scholarship.
8. Purposely falsifying any information required by SPSFCC or making misleading or false statements concerning SPSFCC or any agencies dealing with SPSFCC will result in immediate dismissal from the program.
9. I understand that the Board of Directors decision is final.

If I am not 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, employees or volunteers. I understand that by affixing my signature to this document that SPSFCC, its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason of not receiving a scholarship.

I have read and understand the above requirements and by my signature do agree to abide by them.

Signature of Applicant

Date

I understand that the Single Parent Scholarship Fund of Cleveland County is required to verify all information provided to determine eligibility for assistance. 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 Cleveland County. I also agree to participate in follow up research conducted by SPSFCC after I am no longer receiving scholarship awards and hereby give permission to SPSFCC to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

Signature of Applicant

Date