

## SINGLE PARENT SCHOLARSHIP FUND

### **Ouachita County Single Parent Scholarship Fund Scholarship Application for Columbia County**

**Application Deadline:  
September 20, 2011**

**Purpose:**

To provide supplemental financial assistance to 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, child care, or expenses related to educational pursuits, as approved by the scholarship selection committee or board of directors.

**Criteria:**

Single parents selected for financial assistance will meet the following criteria and provide verification to the scholarship selection committee or board of directors:

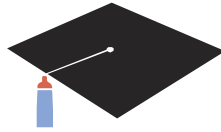
- ❖ Resident of Columbia County (**6 months**)
- ❖ Single parent with custody of at least one child under 18 years of age
- ❖ A high school graduate or have obtained a GED
- ❖ Pursuing an undergraduate course of study
- ❖ Recipient of a Pell Grant **OR** eligible to receive a Pell Grant
- ❖ Must have and maintain a cumulative GPA of 2.50
- ❖ Must be a full time student (12 hours) or part time student (9 hours)

**Instructions:**

Each applicant must submit the following information. Your application packet must be postmarked by the deadline to be considered by the scholarship selection committee. Incomplete applications will not be considered.

- Completed application
- Completed **Applicant Questionnaire** and **Contact Information** forms
- Completed and signed **Permission to Release Confidential Information** form
- Provide verification of enrollment from your college or vocational institute.
- Provide verification of Pell Grant award **OR** proof of eligibility to receive a Pell Grant.
- Provide three (3) formal letters of recommendation from people (non-relatives) who are familiar with your character and goals. These letters should be typed and should include the mailing address and telephone number of person making the recommendation.
- Applicant's personal statement explaining why he/she chose this particular course of study and what he/she hopes to achieve as well as any other information the applicant feels will be helpful to the Scholarship Selection Committee in its evaluation.
- Official** current/recent college transcript(s).
- Submit accurate information. All documentation received will be subject to verification by the Scholarship Selection Committee. Falsification of information constitutes grounds for application rejection.

**Application Packets are to be postmarked and mailed by the deadline to:  
Ouachita County Single Parent Scholarship Fund  
P.O. Box 1328  
Camden, Arkansas 71711-1328**



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Scholarship Application for Columbia County

APPLICATION

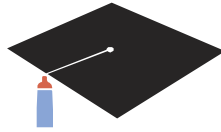
Please mark the semester you are applying for: \_\_\_ Fall \_\_\_ Spring

A. PERSONAL INFORMATION

- 1. Full Name \_\_\_\_\_ S.S. # \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_ (Street/City/Zip)
3. Residential Address: \_\_\_\_\_ (If different from above)
4. Phone: Home# \_\_\_\_\_ Work# \_\_\_\_\_ Message# \_\_\_\_\_
5. Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
6. How long have you been a Columbia County Resident? \_\_\_\_\_
7. Marital Status: (please check one) [ ] Single [ ] Divorced [ ] Legally Separated
8. Including yourself, how many individuals are dependent on you for financial support? \_\_\_\_\_
9. How many children, under the age of 18, are you financially responsible for? \_\_\_\_\_
10. List the name, address and telephone number of your nearest/closest relative.
11. Have you previously applied for a Single Parent Scholarship? [ ] Yes [ ] No
12. Were you awarded a Single Parent Scholarship in the past? [ ] Yes [ ] No
If "yes", when and what county? \_\_\_\_\_

B. EDUCATIONAL INFORMATION:

- 1. List schools attended or training received. Give names and dates:
(Example: Camden Fairview High School, Diploma, 2005, Ouachita County Adult Education, 2005, etc.)
High School or GED: \_\_\_\_\_
Trade or Vocational School: \_\_\_\_\_
College: \_\_\_\_\_
Military/Other: \_\_\_\_\_



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B. EDUCATIONAL INFORMATION (continued):

- 2. Are you currently attending college or school?
3. Name of college or school you now attend or plan to attend?
4. What course of study (major) do you plan to pursue?
5. When do you expect to graduate?
6. How many credit hours do you now take or plan to take?

C. FINANCIAL INFORMATION

- 1. Will you be working for income while you go to school?
2. Have you applied for a Pell Grant?
Have you been granted a Pell Grant?
Do you know the amount of the Pell Grant?
If "yes", give amount per semester

If you have not applied for a Pell Grant, you may apply on-line at http://www.fafsa.ed.gov.

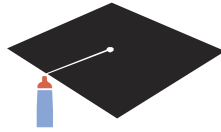
- 3. What is your monthly income? (Include all sources such as food stamps, scholarships, child support, alimony, etc.) \$

YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:

I hereby give permission for all information related to my financial aid to be released, upon request, to the OCSPSF. I give the OCSPSF permission to use my picture for publicity purposes. I understand that this information will be used to acquire donations and other funding for the continuation of this scholarship.

Signature of Applicant

Date



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#### APPLICANT QUESTIONNAIRE

The purpose of this questionnaire is to provide information about applicants to the Arkansas Single Parent Scholarship Fund and the Arkansas Department of Higher Education. This information will be used for statistical purposes only and will not be given to any other organization or individual. *Your answers will not in any way help or hinder your opportunity to receive the scholarship.*

**Full Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:**  Female  Male

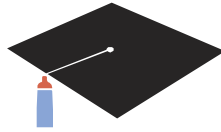
**Race:**  Caucasian  
 Black American  
 Hispanic  
 Asian  
 Native American  
 Other (specify) \_\_\_\_\_

**How many children do you have?** \_\_\_\_\_

**What are their age(s)?** \_\_\_\_\_

**Your intended profession category:**

- Health
- Business
- Computers
- Law
- Architecture
- Education
- Engineering
- Agriculture
- Psych/Counseling
- Science
- Industrial/Technical
- Foreign Language



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#### CONTACT INFORMATION

Because it is important that we remain in contact with our applicants, we request that you complete this form in its entirety. This will enable us to carefully track the success of the program as well. ***Prior to processing your application, we will verify the information you provide. When something is not applicable, write "n/a" in the blank. Please print the requested information.***

Today's Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_

Current Home Address (Address/City/State/Zip): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Message Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Complete the statement and list contact information below:**

One person who will always know how to reach me is my \_\_\_\_\_. His/Her name is \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_ and their telephone number is (\_\_\_\_\_) \_\_\_\_\_.

**List two (2) relatives and their contact information below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**List two (2) alternate contact sources and their information below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_ Telephone Number: \_\_\_\_\_



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  
(print name)

Fund serving \_\_\_\_\_ County to release confidential information provided  
(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