

Single Parent Scholarship Fund of Conway County

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, child care, etc.

*Applicants may reapply for scholarship assistance each semester of study, but preference will be given to those completing their academic careers.

CRITERIA:

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

1. Resident of Conway County, Arkansas.
2. Low income person at or near the poverty level.
3. Single head of household (single, legally separated, divorced, widowed) with primary custody of a child(ren) under the age of eighteen.
4. A high school graduate or GED equivalent.
5. Pursuing an undergraduate course of study (full or part-time) to ensure a better standard of living for his/her family. Applicants cannot already have earned a baccalaureate degree, with the exception of candidates for the MA in Teaching.
6. Recipient or applicant of a Pell Grant.
7. Accepted into a qualifying program.

REQUIREMENTS:

The following documents need to be submitted in addition to the attached application form:

1. Applicant's statement of goals explaining why you have chosen this particular course of study and what you hope to achieve. Feel free to include any personal information which might be helpful to the Selection Committee.
2. Three (3) letters of recommendation from people who are familiar with your character and goals. Please do not use relatives as references.
3. Verification of enrollment/acceptance.
4. Verification of Pell Grant status.

DEADLINES:

Fall Semester: July 15
Spring Semester: November 1
Summer Semester: April 15

Application form and all foregoing attachments should be mailed by the set deadline to:

Single Parent Scholarship Fund of Conway County
P.O. Box 306
Morrilton, AR 72110
Phone: (501) 354-2418

18. 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.

19. Have you previously earned a baccalaureate level degree? Yes ___ No ___

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

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military/Other: _____

21. What college or school do you now attend or plan to attend?

Name: _____

Mailing Address: _____

Number and Street

City

Zip Code

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

23. When do you expect to graduate? _____

24. What is your current cumulative grade point average? _____

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

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

27. How did you hear about the Single Parent Scholarship? _____

I hereby certify that all information on the above application is true and correct to the best of my knowledge.

Signature of Applicant

Date

The following is OPTIONAL but your assistance in these areas is greatly appreciated:

I hereby give permission for the use of information about my background, experiences and academic accomplishments in promotional materials. Yes, with my name ___ Yes, but anonymously ___ No ___

I would be willing to speak 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 ___

Release of Information

I hereby give permission for all financial and academic information related to my application for a Single Parent Scholarship including financial aid, number of hours of enrollment, and grades to be released, upon request, to the Single Parent Scholarship Fund of Conway 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