

Financial Information:

- 17. What is household income from all sources (work, SSI, Child Support, grants, Scholarships, HUD, food stamps, family, loans, etc) for the past 6 months? (July – Dec 2007) _____
- 18. What is your total expected income from all sources (work, SSI, Child Support, Grants, Scholarships, HUD, food stamps, family, loans, etc.) for the upcoming 6 months? (Jan – June 2008) _____

Follow-Up Information:

For future follow-up after graduation, please list two persons that we may contact in order to reach you:

#1 Name: _____ Telephone: _____

Address: _____

How Related: _____

#2 Name: _____ Telephone: _____

Address: _____

How Related: _____

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

Signature of Applicant

Date

In addition to this applicaton form you must submit the following supporting documents. Please be sure your application packet is mailed by the set application deadline to the address below!

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

_____ **A copy of the latest grade statement**

_____ **Verification of Pell Grant Status.**

Single Parent Scholarship Fund of Conway County
c/o Conway County Care Center
P.O. Box 494
Morrilton, AR 72110
Phone: (501) 354-2418

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___