

Craighead County Single Parent Scholarship Fund for Previously Awarded Recipients

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 that 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

Fall and Spring Semesters

Full Time Students with a minimum of 12 hours per semester	\$500.00
Part Time Students with 9-11 hours per semester	\$375.00
Part Time Students with 6-8 hours per semester	\$250.00

Part time scholarships are awarded based on the availability of funds.

Summer Sessions

Students with a minimum of 6 hours per summer session	\$250.00
One award per student for summer enrollment	

Criteria

Single Parents selected for financial assistance through our fund will meet the following criteria. They must be:

- A resident of Craighead County.
- A high school or GED graduate.
- A single head of household (single, legally separated, divorced or widow) with custodial care of one or more children under the age of 18.
- Pursuing a career oriented course of study (full time) to ensure a better standard of living for his/her family. Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Masters of Arts in Teaching.
- A low-income person at or near the poverty level.
- A recipient of or has applied for a Pell Grant.
- Must have a high school GPA of 2.5, or a GED certificate, or a cumulative GPA of 2.5 from any post secondary institution.
- Attend a scheduled interview.

Craighead County Single Parent Scholarship Fund Guidelines for Previously Awarded Recipients

- Please complete every blank; incomplete applications WILL NOT be considered.
- Applications must be postmarked on or before deadline dates.
- The Single Parent Scholarship is a competitive scholarship. All qualified applicants may not be selected.
- Complete forms in the packet (an adobe form is provided, so that all items can be typed).
- Proof of enrollment or acceptance to an institution of post-secondary education.
- An official transcript of high school or college work and a copy of the most recent grade report received if recent grades are not included on the transcript.
- The signed application affirming that the information contained on the application, and other information submitted therewith, is true, correct, and free of material misrepresentation or deliberate omission.
- A signed Memorandum of Understanding.

Craighead County Single Parent Scholarship Fund Check-List for Previously Awarded Recipients

PLEASE REVIEW THE FOLLOWING BEFORE SUBMITTING APPLICATION.
Incomplete Applications will not be considered.

Include each of the following: (put your initials in the box provided)

Check-List

Complete application pages 4 through 5

Proof of enrollment or acceptance

Official transcript from high school/GED certificate/college

Memorandum of Understanding Signature form page 6

You will be notified and scheduled for a personal interview if your application meets all CCSPSF criteria and are selected as a potential recipient.

MAIL APPLICATION TO CCSPSF, PO BOX 17254, JONESBORO AR 72403

Craighead County Single Parent Scholarship Fund Application for Previously Awarded Recipients

Please type the required information in the fields provided. Once you complete the form you will be able to print.

	<u>Application Schedule</u>	<u>Interview Schedule</u>
Spring	Deadline January 30 th	2nd week of February
Fall	Deadline August 30 th	2nd week of September
Summer	Deadline May 15 th	4 th week of May

What semester are you applying for?

PERSONAL INFORMATION

1. Full Name

2. Mailing Address:

Number and Street/PO BOX City ZIP

3. Residential Address:

Number and Street/PO BOX City ZIP

4. Best number to reach you:

Please provide 2 phone numbers at a minimum if possible

5. Email address:

6. How long have you been a resident of Craighead County?

7. Are you a Single Parent? YES NO

8. Please list Dependents:

Name of Dependent	DOB: mm/dd/yyyy	AGE	Relationship to You

9. What semester were you awarded a CCSPSF Scholarship?

EDUCATIONAL INFORMATION

1. What college or school do you now attend or plan to attend?
2. What course of study (major) do you plan to pursue?
(If you are currently undecided, put unknown.)
3. When do you expect to graduate?
4. Are you a full time or part time student?
5. How many hours are you currently taking?
6. How many more hours do you need to obtain your degree from this school.
7. What is your current cumulative GPA?

FINANCIAL INFORMATION

1. Is anyone sharing your household expenses? YES NO
2. Will you be working for income while you go to school? YES NO

List Income	Currently Semester
From Jobs (include work study)	
From Student Loans	
From Scholarships	
From Pell Grant	
Other Financial Aid	
Miscellaneous Income	
Total	

Craighead County Single Parent Scholarship Fund

Memorandum of Understanding for Previously Awarded Recipients

I am applying for a scholarship to be awarded by the Craighead 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 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.
- If I am only taking 12 hours, I may not drop a course without adding another course. Should I need to drop below full-time or drop out of school for any reason, marry or move out of Craighead 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 officers, directors, employees or volunteers. I understand that by affixing my signature to this document that CCSPSF, its officers, directors, employees or volunteers 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 Craighead 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. I understand that applying for or meeting all the requirements is no guarantee of award.

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 Craighead County Single Parent Scholarship Fund and agrees to abide by them; that the applicant shall abide by the decisions of the Craighead 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