

New Recipients Single Parent Scholarship Fund Crawford Franklin Sebastian



The purpose of the Single Parent Scholarship is to provide supplemental financial assistance to 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.

Amount of scholarship

Fall and spring semesters

Full-time students with a minimum of 12 hours per semester	\$750.00
Part-time students with 9-11 hours per semester	\$625.00
Part-time students with 6-8 hours per semester	\$437.50

Summer session

Students enrolled in summer school	\$250.00
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Recipients must meet the following criteria:

- ◆ Reside in Crawford, Franklin or Sebastian County, Arkansas
- ◆ Be single head of household with sole custody of children under the age of eighteen (single refers to separated, divorced, widowed, or never having been married)
- ◆ Apply for a Pell Grant and provide a copy of award or denial letter
- ◆ Pursue a career-oriented undergraduate course of study at one of the following approved schools:
 - University of Arkansas – Fort Smith
 - Arkansas Tech University – Ozark or Russellville Campus
 - John Brown University
 - University of the Ozarks
 - Carl Albert State College
 - Academy of Salon and Spa
 - Arthur’s Beauty School
 - DeSigner College
 - All other schools pending approval from the scholarship committee
- ◆ Be enrolled for the scholarship term
- ◆ Maintain a minimum GPA of 2.0. Alternative grading/certification may be considered for trade school or other types of students
- ◆ Complete an interview with the Single Parent Scholarship committee.
An interview will be scheduled with you following the application deadline.
- ◆ Part-time students must take at least 6 credit hours.

To apply for a scholarship applicant **must complete** a scholarship application form, including all required documentation by the application **deadline** for each semester.

Application Deadlines

Fall Scholarship August 13

Spring Scholarship December 1

Summer Scholarship May 14

Applications available at www.spsf-cs.org
or www.aspsf.org

Scholarship Checklist

Fall Application Deadline

August 13

Spring Application Deadline

December 1

Summer Application Deadline

May 14

Applications must be completed and received by the deadline to be considered for the applicant to be considered for a scholarship. Any sections left blank on the application will result in disqualification for the scholarship.

- Completed Application
- Verification of Pell Grant Award or Denial Letter
 - *(Applying does not meet the requirement; you **must** have received your award/denial letter)*
- High School Transcript, GED, or Current College Transcript
- Class Schedule or Proof of Enrollment
- Essay -
 - Introduction of self and family
 - Personal, educational, and career goals
 - Community service and/or involvement
 - How the scholarship will be used
 - Any information you would like us to know about you
- Copy of your latest electric bill
- Copy of latest tax return
- Copy of divorce decree or legal documents if divorced or legally separated
- Two letters of recommendation from someone that can attest to your work ethic and character. (We prefer that letters come from employers, teachers or leaders from an organization of which you are involved. References must state their relationship to you. **Please do not use family members as references.**)

If you need assistance completing this application or have questions, please call 479- 434-6171 or email spsf_ar@yahoo.com.

Mailing address
Single Parent Scholarship Fund
P.O. Box 8108
Fort Smith, AR 72902

Physical address
5401 Rogers Avenue, Suite 204 (Bank of the Ozarks Building, second floor)
Fort Smith, AR 72903

Fax: 479-434-4310

Application – New Recipients



Date: _____ (For Office Use)

Personal Information

Full Name: _____ Social Security number: _____

Mailing Address: _____
(Street) (City) (Zip)

Phone: *Primary* _____ *Secondary* _____

E-mail address _____

Name of contact person who will always know where/how to reach you: _____

Their relationship to you: _____ Their Phone: _____

Do you have relatives living in the area? _____

Date of Birth: _____ Current Age: _____ Are you: Male Female

Marital Status (Circle One): Single Divorced Legally Separated Widowed

RACE (optional) African American Asian Hispanic Native American White Other: _____

Note: Identifying your race may help us to suggest other sources of financial aid.

Are you a U.S. citizen? Yes ___ No ___

If no, are you a resident alien? Yes ___ No ___

If no, are you a non-resident alien? Yes ___ No ___

How long have you been a Crawford, Franklin or Sebastian County resident? _____

Including yourself, how many individuals are dependent on you for financial support? _____

Please list all the individuals living in your household including yourself.

Name	Relationship to you	M/F	Age	Date of Birth	Does he/she have medical insurance?

Academic Information

Are you currently enrolled? Yes No Where? _____

What is your year in school? (Please circle) Freshman Sophomore Junior Senior

Are you enrolled full or part-time? Full-time (12 or more hours) Part-time (11 or fewer hours)

If part-time, how many hours? _____

If not currently enrolled will you be a full-time or part-time student during the semester covered by this scholarship? Full Part-Time

If part-time, how many hours? _____

What is your course of study? _____

Do you have a certificate or degree? _____ If yes, in what field? _____

Number of credit hours completed _____ Current G.P.A. (grade point average) _____

Number of credit hours needed to complete your program _____

Month and year you anticipate graduating _____

Financial Information

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.

Are you covered by any health insurance? Yes No

Are you currently working? Yes No

If Yes: Number of hours you expect to work per week: _____
Will this be 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
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Please list any volunteer work or community activities in which you have participated during the past two years:

Have you previously applied for a Crawford, Franklin, Sebastian County Single Parent Scholarship? Yes No

If Yes: Were you awarded a Single Parent Scholarship? Yes No

If Yes, please list all semesters. _____

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 _____

Monthly Income and Expense Statement

Average Monthly Income

Employment/Work Study \$ _____
 Unemployment Benefits \$ _____
 Disability/ SSI income \$ _____
 AFDC \$ _____
 Child Support \$ _____
 TEA (Transitional Employment Asst) \$ _____
 Alimony \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 HUD Rental Assistance \$ _____
 Rehabilitation Benefits \$ _____
 Reserve/Armed Forces \$ _____
 VA Benefits \$ _____
 Other (list source) \$ _____
Total \$ _____

Average Monthly Expense

Rent/Mortgage \$ _____
 Food/Groceries \$ _____
 Utilities \$ _____
 Telephone/Cellular \$ _____
 Medical/Dental Costs \$ _____
 Medical/Dental Insurance \$ _____
 Automobile Payments \$ _____
 Automobile Insurance \$ _____
 Transportation (gas, tires, etc.) \$ _____
 Childcare Expenses \$ _____
 Clothing \$ _____
 Household Goods \$ _____
 Other Expenses (specify) \$ _____
 Credit Card/Loan Payments \$ _____
Total \$ _____

Additional Resources for This Semester

Please list the amounts of each type of financial aid you have received in the recent past or will receive during the next semester. *Do not include anticipated amount from SPSF scholarship.*

	Amt Received Last Semester	Amt. Received Current Semester	Amt. Expected Next Semester
Pell Grant	\$ _____	\$ _____	\$ _____
VA Educational Benefits	\$ _____	\$ _____	\$ _____
Student Loan	\$ _____	\$ _____	\$ _____
Other Grants or Scholarships			
(If more than one please note below)	\$ _____	\$ _____	\$ _____
WAEDA			
(Western Arkansas Employment Agency)	\$ _____	\$ _____	\$ _____
Rehabilitation Services	\$ _____	\$ _____	\$ _____
Other financial Aid:			
(Please Specify)	\$ _____	\$ _____	\$ _____

Additional Assistance: _____

Please explain the source of your additional assistance: _____

Agreement

I understand that if I am awarded assistance through Single Parent Scholarship Fund Crawford, Franklin, Sebastian, I will abide by the governance of Single Parent Scholarship Fund Crawford, Franklin, Sebastian for the period of time for which I receive a scholarship.

I hereby certify that the information contained in this application, along with any attachments, is true and correct to the best of my knowledge. I understand the committee has my permission to verify the information given. If additional information or documentation is requested of me, I will be pleased to furnish it to the committee. I also understand that this application applies for one semester only and I must reapply each semester to be considered for assistance. I understand if I purposely give false or misleading information, I may be required to repay any funding received.

I understand the following:

1. Upon submission of my application I will receive notification that my application is complete. **I will only receive one notification if I am missing required items.**
2. SPSF CFS has certain requirements for eligibility that must be met before I may be awarded a scholarship.
3. The status of the program funds and/or eligibility requirements may change without notice.
4. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
5. Not all applicants who meet eligibility requirements may be awarded a scholarship.
6. If I drop out of school for any reason, marry, or move out of Crawford or Sebastian Counties, I lose all rights to remaining awarded funds. I shall be responsible for notifying SPSF CFS.
7. 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 SPSF CFS.
8. Purposely falsifying any information required by SPSF CFS or making misleading or false statements concerning SPSF CFS or any agencies dealing with SPSF CFS will result in immediate dismissal from the program.
9. I understand that the Scholarship Committee's 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 SPSF CFS, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document that SPSF CFS, 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.

Applicant's Name (please print)

Signature

Date