

**Previously Awarded Recipients
Single Parent Scholarship Fund
Crawford Franklin Sebastian**

If not concurrent semesters, fill out new application forms.



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
------------------------------------	----------

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
- ◆ 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 June 15
Spring Scholarship December 20
Summer Scholarship May 16**

**Applications available at www.spsf-cs.org
Or www.aspsf.org**

Scholarship Checklist

Fall Application Deadline

June 15

Spring Application Deadline

December 20

Summer Application Deadline

May 16

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
- Copy of latest tax return
- Verification of Pell Grant Award or Denial Letter
 - *(Applying does not meet the requirement; you **must** have received your award/denial letter)*
- Current College Transcript
- Class Schedule or Proof of Enrollment

If you need assistance completing this application or have question, 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 - *Previously Awarded Recipients*



Please read this application carefully as it has changed.

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? _____

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 current employers.

Name of Employer	Address	Job Title	From – To
_____	_____	_____	_____
_____	_____	_____	_____

Please list any volunteer work or community activities in which you are currently participating:

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, Franklin 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 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