

Crittenden County Single Parent Scholarship Fund

P.O. Box 811
West Memphis, AR 72303

Application

FALL Application Deadline – September 20th
SPRING Application Deadline – January 20th

Please indicate the semester and year for which you are applying: FALL _____
 SPRING _____

A. Personal Information

1. Full Name: _____ SSN: _____

2. Residential Address: _____

City/State/Zip Code: _____

3. Mailing Address (if different from above): _____

City/State/Zip Code: _____

4. Phone: Home# _____ Work# _____ Cell# _____

5. Date of Birth (MM/DD/YY): _____ Current Age: _____

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

7. Marital Status (please check only ONE): Single Married Divorced Widowed/Widower

8. Including yourself, how many individuals are dependent on you for financial help or support? _____

9. Please list the number of children under the age of 18 years old: _____

10. Is anyone sharing your household expenses with you? YES NO
If YES state gross household income: _____

11. List the name, address and telephone number of your nearest relative:

12. Do you have relatives living in this county? YES NO

If YES, what assistance do they provide you? (Check ALL that apply):
 Housing Transportation Childcare Financial Help

13. Have you previously applied for a Crittenden County Single Parent Scholarship? YES NO

Were you awarded a Single Parent Scholarship? YES NO

If YES, when? _____

B. Education Information

1. List schools attended or training received. Give names and dates.
(For example: West Memphis, Marion, etc., Diploma, 2003)

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military/Other: _____

2. Are you currently attending college or trade/vocational school? YES NO
If YES, number of credit hours already completed toward degree/diploma: _____

3. Name of college or trade/vocational school you now attend or plan to attend?

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

5. When do you expect to graduate? _____

6. How many credit hours do you now take or plan to take? _____

C. Financial Information

1. Will you be working for income while you go to school? YES NO

2. Have you applied for a Pell Grant? YES NO

Have you been granted a Pell Grant? YES NO

Do you know the amount of the Grant? YES NO

If YES, give amount (Per semester): _____

If NO, you may apply on-line at [HTTP//www.fafsa.ed.gov](http://www.fafsa.ed.gov) or at you're your educational institution

3. What are your monthly expenses? (Please list dollar amount)

Housing	\$
Utilities:	
Electric	\$
Gas	\$
Water	\$
Phone	\$
Food	\$
Transportation (gas, tires, maintenance)	\$
Insurance Coverage	\$
Loan Payments	\$
Clothing, household goods	\$
Medical Costs (doctor, dentist, etc.)	\$
Child Care	\$
Other Expenses (Please list):	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL MONTHLY EXPENSES	\$

4. What are your monthly income and sources?

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
TOTAL MONTHLY INCOME	\$

5. Please list your employers for the last five years beginning with your present or most recent employers:

Name of Employer	Address	Job Title	From	To

D. Additional Requirements

1. Attach three (3) **typed** letters of recommendation from people who are familiar with your character and goals to the Scholarship Committee (DO NOT USE RELATIVES AS REFERENCES)
2. Attach a **typed** personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself, which may be helpful to the selection committee in its evaluation
3. Attach a copy of your recent transcript (High school or college – whichever is more recent)

YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:

I hereby give permission for all information related to my financial aid to be released, upon request, to the Crittenden County Single Parent Scholarship Fund (SPSFCC). I give the SPSFCC permission to use my picture for publicity purposes. I understand that this information will be used to acquire donations and other funding for the continuation of this scholarship program.

I understand the questions on this application and realize that hiding information, giving false information or failing to provide adequate verification may result in my application being denied and that such actions may impact consideration for future applications.

Signature of Applicant

Date

**Crittenden County Single Parent Scholarship Fund
Applicant Questionnaire**

The purpose of this questionnaire is to provide information about the applicants to the Office of the Arkansas Single Parent Scholarship. This information will be used for the measure of accurate statistical information that will provide an evaluation report to the parent organization. Your answers will not in any way help or hinder your opportunity to receive the scholarship from the Crittenden County affiliate of SPSF.

Full Name: _____

Social Security Number: _____

E-mail address: _____

Age: _____ Gender: _____ Race: _____

How many children do you have? _____

List the age/ages of your children _____

Your intended profession category (Please check one):

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Business | <input type="checkbox"/> Computers | <input type="checkbox"/> Law |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Education | <input type="checkbox"/> Engineering | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Psychology/Counseling | <input type="checkbox"/> Science | <input type="checkbox"/> Industrial/Technical | <input type="checkbox"/> Foreign Language |

Thank you