



SINGLE PARENT SCHOLARSHIP FUND  
OF CROSS COUNTY

P.O. BOX 504, WYNNE, AR 72396

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### STATEMENT OF PURPOSE

To provide supplemental financial assistance (up to \$500 per semester) to those single parents who are pursuing a course of instruction which will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, childcare, etc.

**Applicants must complete a new application for each semester a scholarship is sought.**

### CRITERIA

Single parents selected for financial assistance will meet the following criteria:

1. Resident of Cross County, Arkansas
2. High school graduate or equivalent (may apply if enrolled in college and in process of obtaining GED diploma).
3. Single head of household (single, legally separated, divorced, widowed) with primary physical custody of a child under the age of eighteen (18).
4. Pursuing a vocationally oriented undergraduate course of study (full or part 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 Master of Arts in Teaching.
5. Low income person at or within \$350 of the poverty level if figured on a monthly basis.
6. Recipient of a Pell Grant or in process of obtaining same.
7. **All documentation must be present by the deadline in order for the application to be considered complete.**

### INITIAL APPLICATION

Each applicant must submit the following:

1. Single Parent Scholarship Application, COMPLETELY filled out in ink or typed.
2. Verification of college/school enrollment or acceptance (letter from educational institution acknowledging current enrollment and active participation).
3. Transcript (or copy) of high school or college work (whichever is more recent)
4. Letter from Financial Aid Officer of educational institution stating Pell approval or denial
5. If Pell Grant was denied or not awarded, income verification is required (see page 5 for a list of items to be verified).
6. Three (3) letters of recommendation from people who are familiar with your character and goals. Please do **not** use relatives as references.
7. A statement of your goals.

**Additional  
Scholarship  
Resources:**



## SPSF SCHOLARSHIP APPLICATION

**SPRING APPLICATION DEADLINE JANUARY 11**  
**SUMMER APPLICATION DEADLINE MAY 16**  
**FALL APPLICATION DEADLINE AUGUST 15**  
**P.O. Box 504 Wynne, AR 72396**

### A. PERSONAL INFORMATION

1. Full Name \_\_\_\_\_ SSN # \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
Street City Zip
3. Residential Address \_\_\_\_\_  
(if different from above)
4. Email Address \_\_\_\_\_
- 4½. Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Message \_\_\_\_\_
5. Current Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_
6. How long have you been a resident of Cross County? \_\_\_\_\_
7. Marital Status: Single  Married  Divorced  Legally Separated  Widowed
8. Household Composition

Name	Relationship	Age	9. Dependent		10. Sharing Expenses	
			Yes	No	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you have relatives living in the area? Yes  No   
 If YES, what assistance do they provide you? (check all that apply)  
 Housing  Transportation  Childcare  
 Financial Help  Other  None

Division of Expenses		Assistance		Assistance	
	You		You		
Rent	\$ _____	Childcare	\$ _____		\$ _____
Electricity	\$ _____	Transportation	\$ _____		\$ _____
Water	\$ _____	Vehicle Payment	\$ _____		\$ _____
Gas	\$ _____	Gas	\$ _____		\$ _____
Groceries	\$ _____	Other (specify)	\$ _____		\$ _____

12. Have you previously applied for a Cross County Single Parent Scholarship?  
 Yes  No  Were you awarded a Single Parent Scholarship? Yes  No   
 If yes, when? \_\_\_\_\_
13. Will you be working for income while you go to school? Yes  No   
 If yes, how many hours each week will you work? \_\_\_\_\_

## B. EDUCATIONAL INFORMATION

1. List schools attended or training received. Give names and dates. (Ex: Springdale High, Diploma, 1964)

High School \_\_\_\_\_  
Trade or Vocational School \_\_\_\_\_  
College \_\_\_\_\_  
Military/Other \_\_\_\_\_

2. Are you currently attending college or school?  Yes  No  
If yes, number of hours already completed toward degree/diploma: \_\_\_\_\_  
If yes, number of credit hours you are now taking: \_\_\_\_\_
3. If not already enrolled, what college or school do you plan to attend? \_\_\_\_\_  
How many credit hours do you plan to take? \_\_\_\_\_
4. What course of study (Major) do you plan to pursue? \_\_\_\_\_
5. When do you expect to graduate? \_\_\_\_\_
6. Will you be a full or part time student?  Full time  Part time

**C. FINANCIAL INFORMATION**

1. What are your average monthly expenses?

Housing	\$ _____
Utilities	\$ _____
Food	\$ _____
Transportation (gas, tires, maintenance)	\$ _____
Insurance Coverage	\$ _____
Loan payments	\$ _____
Monthly payments	\$ _____
Clothing, household goods	\$ _____
Medical costs (check-ups, dentist, etc)	\$ _____
Child Care	\$ _____
Other expenses (please list)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL AVERAGE MONTHLY EXPENSES** \$ \_\_\_\_\_

2. Will you be covered by any health or medical insurance?  Yes  No

Please list sourced of income in \$ figures in **Column A** if you derived income from that source in the **LAST 12 MONTHS**. In **Column B**, list the \$ amount of income that you expect to derive in the **NEXT 12 MONTHS**. If Column B is not completed we cannot process your application. PLEASE INCLUDE ALL SOURCES SUCH AS FOOD STAMPS, HUD, OTHER SCHOLARSHIPS, ETC.

	<b>Column A</b>		<b>Column B</b>	
	<b>Income Past 12 Months</b>	<b>Income Next 12 Months</b>	<b>Income Past 12 Months</b>	<b>Income Next 12 Months</b>
	<b>\$ Per Month</b>	<b>\$ Per Year</b>	<b>\$ Per Month</b>	<b>\$ Per Year</b>
Friends	_____	_____	_____	_____
Family	_____	_____	_____	_____
Employment	_____	_____	_____	_____
Work Study	_____	_____	_____	_____
Reserves	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Rehabilitation	_____	_____	_____	_____
HUD	_____	_____	_____	_____
TEA Assistance	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Loans	_____	_____	_____	_____
V.A.	_____	_____	_____	_____
Scholarship	_____	_____	_____	_____
Pell Grant	_____	_____	_____	_____
Total	_____	_____	_____	_____

Other Grants or sources of Income (Please list)

<b>Source</b>	<b>Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL HOUSEHOLD INCOME FOR **PAST 12 MONTHS** \_\_\_\_\_

TOTAL HOUSEHOLD INCOME FOR **NEXT 12 MONTHS** \_\_\_\_\_

Please make a personal statement about why you chose this particular course of study and what you hope to achieve. Please feel free to include any information about yourself which might be helpful to the Selection Committee in its evaluation.

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**By my signature I certify that the statements above are true and correct to the best of my knowledge. I understand that the SPSF Scholarship Board may seek verification of this information through collateral contacts and that it is my responsibility to provide verification when asked to do so by the SPSF Scholarship Board. I hereby give permission for all information related to my financial aid to be released upon request to the SPSF of Cross County.**

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Mail application to:**  
**Cross County SPSF**  
**P.O. Box 504**  
**Wynne, AR 72396**

**FOR BOARD USE ONLY**

**Application Checklist:**

- 3 Letters of Recommendations
- High School Diploma/GED/college transcript
- Proof of Enrollment
- Proof of Pell Approval or Denial
- Statement of Goals

**Information Verified**

- \_\_\_ Social Security
- \_\_\_ Rehabilitation
- \_\_\_ HUD
- \_\_\_ TEA Assistance
- \_\_\_ Child Support
- \_\_\_ Scholarship
- \_\_\_ Pell Grant
- \_\_\_ Other Scholarships/Grants

**How Verified**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Verified By**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Appl Dt** \_\_\_\_\_  
**Rec'd By** \_\_\_\_\_

**Appl Dt** \_\_\_\_\_  
**Award Amt** \$ \_\_\_\_\_  
**Check #** \_\_\_\_\_  
**Check Dt** \_\_\_\_\_

**Denied Dt** \_\_\_\_\_  
**Reason** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Board Member*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Board Member*

\_\_\_\_\_  
*Date*

**RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize Cross County SPSF to release the following information to the individual(s) and/or organization or publication listed below.

**Information to be released:** Picture, general information regarding personal history, application for and receipt of scholarship from the Cross County Single Parent Scholarship Fund, and any other information voluntarily given by \_\_\_\_\_ to the media.

**To be used for** promotion of the Cross County Single Parent Scholarship Fund and its projects.

**Individual(s) and/or Organization(s):**

Cross County Single Parent Scholarship Fund, Bud Green, President  
Arkansas Single Parent Scholarship Fund, Ralph Nesson, Director, 614 E Emma, Springdale, AR 72764  
Wynne Progress/News Leader (newspaper) 702 N Falls Blvd, Wynne, AR  
KWYN (radio), Highway 64 West, Wynne, AR

This release of confidential information is only valid until canceled by the undersigned in writing. I understand the information will be used only as stated above.

Signed \_\_\_\_\_

Date \_\_\_\_\_