



SINGLE PARENT SCHOLARSHIP FUND
OF CROSS COUNTY

P.O. BOX 504, WYNNE, AR 72396

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:**



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.

	Column A		Column B	
	Income Past 12 Months	Income Next 12 Months	Income Past 12 Months	Income Next 12 Months
	\$ Per Month	\$ Per Year	\$ Per Month	\$ Per Year
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)

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____

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.

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 _____