

DESHA COUNTY SINGLE PARENT SCHOLARSHIP FUND PROGRAM  
Eligibility Requirements

Purpose: To provide supplemental financial assistance to those single parents who are pursuing a course of instruction which will improve income earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, child care, etc. Applicants may reapply for scholarship assistance each semester of study. Scholarships may be a maximum of \$500.00 per semester.

Requirements: Single parents selected for financial assistance must meet the following Requirements.

1. Must be a resident of Desha County, Arkansas.
2. High school graduate or equivalent.
3. Single head of household (single, legally separated, divorced, or widowed).
4. Pursuing a post secondary course of study (full or part time) to ensure a better standard of living for his/her family.  
APPLICANTS CANNOT HAVE ALREADY RECEIVED AN UNDERGRADUATE DEGREE.
5. Applicant must demonstrate financial need. Proof of income and Resources (Examples: Tax returns; letter from employer; if receiving AFDC, Food Stamp case number or Medicaid number; a print-out from your local DHS office; last three (3) consecutive paycheck stubs).
6. Must have submitted an application for Student Financial Aid.
7. Completed application form must include:
  1. Verification/acceptance to a post-secondary school.
  2. High school/GED/or college transcript.
  3. Three letters of recommendation.
  4. Copy of student aid report.
  5. Statement of goals.

**APPLICATION FORM AND ALL OF THE REQUIRED ATTACHMENTS ARE TO BE MAILED TO:**

DESHA COUNTY SINGLE PARENT SCHOLARSHIP FUND PROGRAM  
P.O. Box 747  
McGehee, AR 71654

OR

DUMAS ADULT EDUCATION CENTER  
124 North Main St.  
P.O. Caller #8880  
Dumas, AR 71639  
(870)382-2157

## Important Information About Scholarship Funds

Desha County Single Parent Scholarship Funds are not released to scholarship recipients. The money is forwarded directly to the service provider(s). The total amount of the award can be used for one of the services below, or it can be divided between two (2) or more:

- 1) transportation/car maintenance
- 2) child care
- 3) utility bills
- 4) tuition, books, lab supplies, etc.
- 5) housing



11. Are you covered by any health or medical insurance?  
Yes \_\_\_\_\_ No \_\_\_\_\_
12. Will you be working while you attend school?  
Yes \_\_\_\_\_ No \_\_\_\_\_
13. What was your total household income for the past twelve (12) months? \_\_\_\_\_
14. What will be your total anticipated income each month once you enter the school term for which you have requested assistance? \_\_\_\_\_

15. Average monthly expenses:  
(Please list dollar amount)

- |    |   |       |          |
|----|---|-------|----------|
| A. | Housing – do you receive HUD assistance? Yes _____ No _____ | ..... | \$ _____ |
| B. | Utilities – (electric, phone, gas, water).                  | ..... | \$ _____ |
| C. | Food – do you receive Food Stamps? Yes _____ No _____       | ..... | \$ _____ |
| D. | Transportation – (gas, tires, maintenance).                 | ..... | \$ _____ |
| E. | Insurance Coverage.   | ..... | \$ _____ |
| F. | Loan Payments.  | ..... | \$ _____ |
| G. | Other monthly payments.                                     | ..... | \$ _____ |
| H. | Clothing, household goods.                                  | ..... | \$ _____ |
| I. | Medical costs (check-ups, dentist, prescriptions, etc.).    | ..... | \$ _____ |
| J. | Child care.   | ..... | \$ _____ |
| K. | Child support payments.                                     | ..... | \$ _____ |
| L. | Other expenses: (please list)                               |       |          |
|    | _____   | ..... | \$ _____ |
|    | _____   | ..... | \$ _____ |
|    | TOTAL MONTHLY EXPENSES.                                     | ..... | \$ _____ |

**NOTE: Please include anything else about your financial situation that would be helpful in evaluating your application in Question #27.**

16. A. Have you applied for a Federal Pell Grant? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 B. Have you been awarded a Federal Pell Grant? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 C. Do you know the amount of the Grant? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 D. Please attach a copy of Student Aid Report (SAR).
17. A. Have you previously applied for a Single Parent Scholarship? Yes \_\_\_ No \_\_\_  
 B. Were you awarded a Single Parent Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_  
 C. Do you know the amount of the Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If yes, what are the dates of the Scholarship award?)  
 Year \_\_\_\_\_ Semester \_\_\_\_\_

Year \_\_\_\_\_ Semester \_\_\_\_\_  
Year \_\_\_\_\_ Semester \_\_\_\_\_

18. For what type of expenditures do you anticipate using the Single Parent Scholarship?  
\_\_\_\_\_

19. Please list your employers for the past three years beginning with your present or most recent employer:

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

20. If you have not been employed outside the home, list your major home and community activities for the past three years. \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL INFORMATION**

21. List schools attended or training received. Give names and dates. (Example: McGehee High School, diploma, 1964; GED, Dumas, 1980)

High School or GED \_\_\_\_\_

Grade School \_\_\_\_\_

Trade or Vocational School \_\_\_\_\_

College \_\_\_\_\_

Military \_\_\_\_\_

22. What institution will you attend? \_\_\_\_\_

23. What course of study do you plan to pursue? \_\_\_\_\_

24. When do you expect to graduate? \_\_\_\_\_

25. If you are a college student, how many hours do you plan to carry? \_\_\_\_\_

26. Please submit three letters of reference to the Scholarship Fund Committee at the address listed by application deadline.

27. Please attach a personal statement explaining how you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself which might be helpful to the Selection Committee in its evaluation.
28. Please attach a transcript of high school, GED or college record to this application.

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Applicant's Signature

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Date

**Return application and required attachments to:**

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