

DESHA COUNTY SINGLE PARENT SCHOLARSHIP FUND PROGRAM  
Eligibility Requirements

Revised 9/2010

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

**Requirements:** Single parents selected for financial assistance must meet the following requirements and provide the requested documentation.

1. **Must be a resident of Desha County, Arkansas.**
2. **Must have a child residing in the house under the age of 18.**
3. High school graduate or equivalent.
4. Single head of household (single, legally separated, divorced, or widowed). Proof may be requested.
5. 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.**
6. Applicant must provide proof of financial need. Proof of income and resources must be provided. (Examples: Tax returns; letter from employer; AFDC Food Stamp case or Medicaid documents; a print-out from your local DHS office; last three (3) consecutive paycheck stubs; tax return form).
7. Must have submitted an application for Student Financial Aid & provide a copy.
8. Male applicant, if the child is not in his custody, must provide proof of financial assistance to the child.
9. Completed application form must also 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. Personal goal statement.

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

DESHA COUNTY SINGLE PARENT SCHOLARSHIP FUND PROGRAM  
P O Box 883  
Dumas, AR 71639

**NOTE: Incomplete or late applications will not be processed.**



14. What will be your total anticipated income for this school semester? \_\_\_\_\_

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

- A. Housing – (Do you receive HUD assistance?) Yes\_\_\_ No\_\_\_\_) . . . . . \$ \_\_\_\_\_
- B. Utilities – (electric, gas, water). . . . . \$ \_\_\_\_\_
- C. Food – (Do you receive Food Stamps?) Yes\_\_\_\_ No\_\_\_\_) . . . . . \$ \_\_\_\_\_
- D. Transportation – (gas, tires, maintenance). . . . . \$ \_\_\_\_\_
- E. Health Insurance Coverage. . . . . \$ \_\_\_\_\_
- F. Loan Payments . . . . . \$ \_\_\_\_\_
- G. Other monthly payments . . . . . \$ \_\_\_\_\_
- H. Clothing, household goods . . . . . \$ \_\_\_\_\_
- I. Medical costs (check-ups, dentist, prescriptions, etc.). . . . . \$ \_\_\_\_\_
- J. Child care payments . . . . . \$ \_\_\_\_\_
- 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. What was the amount of the Scholarship? \_\_\_\_\_  
(If yes, list all the dates of the Scholarship award?)  
Year \_\_\_\_\_

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. List your major home and community activities for the past three years.

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**EDUCATIONAL INFORMATION**

21. High School or GED Program \_\_\_\_\_

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. If you will be attending a vocational school, how many hours per day or week will you attend? \_\_\_\_\_

27. In your personal goal statement explain 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Return application and required attachments to:**

DESHA COUNTY SINGLE PARENT SCHOLARSHIP FUND PROGRAM  
P O Box 883  
Dumas, AR 71639

For additional information contact: Flora Simon at (870) 382-0704.

Please check to make sure ALL requested information is attached.

## **Release of Information Form**

I understand that demographic information such as marital status, race, age, dependents, and educational level will be provided to the Arkansas Single Parent Scholarship Fund Program as a collection of data for statistical and fund raising purposes. It will not be used to identify me as an individual.

I give permission for the Desha County Single Parent Scholarship Program to release this information.

\_\_\_\_\_ Date \_\_\_\_\_

### **Important Information about the Use Scholarship Funds**

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

- |   |                                       |
|---|---------------------------------------|
| 1) gas and car maintenance                | 4) tuition, books, lab supplies, etc. |
| 2) child care                             | 5) housing                            |
| 3) utility bills ( bill must be provided) |                                       |

Child care provider and housing landlord must provide to the Single Parent Scholarship Chair an invoice for payment. The same procedure must occur for car repairs, tire purchases, etc.