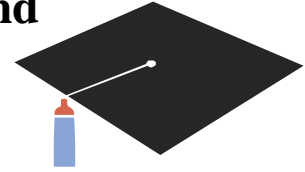


Faulkner County Single Parent Scholarship Fund Scholarship Application

707 Robins, Suite 118 • Conway, Arkansas 72034
Phone: 501-329-3891, ext 129



SINGLE PARENT SCHOLARSHIP FUND
of Faulkner County

Statement of Purpose

The purpose of the Single Parent Scholarship is to provide supplemental financial assistance to those single parents who are pursuing a course of instruction which will improve their income-earning potential.

Amount of Scholarship

Single Parent Scholarships are distributed three times a year. Scholarships shall be paid directly to the institution in an amount not to exceed that set by the Board for the period applied for.

Spring and Fall Sessions:	Full Time Students	<u>up to \$750</u>	Part Time Students	<u>up to \$375</u>
Summer Sessions:	All Students	<u>up to \$375</u>		

Applicants may reapply for each semester they are attending school **but they must fill out a renewal application for each semester a scholarship is sought.**

Criteria

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

- Resident of Faulkner County, Arkansas for at least 30 days preceding the deadline for receipt of completed application. Applicant may be required to produce deposit receipts, utility bills, or other proof of residency (as may be required by the Board)
- High school or GED graduate
- Single head of household (single, legally separated, divorced or widowed) with sole custody of one or more children under the age of 18. Have at least one natural child, one adopted child, or one child of whom the applicant is the legal guardian or for whom the applicant stands in the position of parent and is required to provide for the daily needs of the child.
- Pursuing a career-oriented course of study (full or part-time) to ensure a better standard of living for his/her family. Applicant cannot previously have earned a bachelor level degree.
- Be enrolled in or accepted by an accredited, public or private non-profit post secondary school in a program providing marketable skills to achieve self-sufficiency
- Low-income person at or near the poverty level
- Recipient of a Pell Grant or in the process of obtaining a Pell Grant
- Have maintained a grade point average, on a 4.0 scale, of at least 2.5 overall
- Submit (if required) to an interview with FCSPSF Board members.
- Submit (if required) professional and personal references.

FAULKNER COUNTY SINGLE PARENT SCHOLARSHIP FUND APPLICANT FORM

PLEASE READ THE FOLLOWING:

- Please complete every blank; incomplete applications WILL NOT be considered.
- Applications must be postmarked on or before deadline dates.
- The Single Parent Scholarship is a competitive scholarship. All qualified applicants may **not** be selected.
- **You may be required to submit to an interview and to provide additional references.**

APPLICANTS ARE REQUIRED TO SUBMIT:

- Completed forms in this packet
- Proof of enrollment or acceptance to an institution of post-secondary education
- An official transcript of high school or college work and a copy of the most recent grade report received if recent grades are not included on the transcript
- Two letters of recommendation from individuals familiar with the applicant's character and education goals (not from relatives)
- A statement by the applicant explaining the particular course of study chosen, why the scholarship is needed, and any other information that might be helpful in evaluating the application. This statement should not exceed 300 words.
- The signed application affirming that the information contained on the application, and other information submitted therewith, is true, correct, and free of material misrepresentation or deliberate omission.
- Federal tax return: attach a copy of the first page of your most recent federal tax return
- Pell Grant: attach a copy of your Student Aid Report (SAR) or other proof that you have applied for the Pell Grant. (You can go online at www.fafsa.ed.gov to print a copy of your SAR.)

Only the information furnished in the application, other submitted documents, and any personal interviews will be relied upon by the Board in awarding the scholarships. By submitting an application, the applicant grants the Board the authority to verify the information submitted and agrees to sign any consent forms required by those asked to verify the information. The applicant shall truthfully respond to all relevant questions asked at any personal interviews.

To prevent the impression of a conflict of interest, FCSPSF Board Members and their immediate relatives are ineligible to receive and will not knowingly be awarded a Single Parent Scholarship.

FCSPSF SCHOLARSHIP CHECKLIST

PLEASE REVIEW THE FOLLOWING **BEFORE** SUBMITTING YOUR APPLICATION. **Incomplete applications will not be considered.**

Include each of the following:

_____ Completed application pages 4 through 6

_____ Proof of enrollment or acceptance for semester that this scholarship would cover (schedule of registered classes will suffice)

_____ Most current, official transcript from high school / college (showing most recent semester) - Applicant may request an electronic transcript from institution to be sent to Leigha Drummond – leigha.drummond@capcainc.org.

_____ Two letters of recommendation

_____ Personal narrative, including goals and why the scholarship is needed (300 word maximum)

_____ MOU / Signature form (page 7)

_____ A copy of your student aid report (SAR) or other proof that you have applied for a Pell Grant

_____ Most recent federal tax return

YOU WILL BE NOTIFIED IF A PERSONAL INTERVIEW OR ADDITIONAL REFERENCES ARE REQUIRED.

All information must be received and postmarked by deadline.

Mail or deliver all information to:
Faulkner County Single Parent Scholarship Fund
Attention: Leigha Drummond
707 Robins Suite 118
Conway, AR 72034

FAULKNER COUNTY SINGLE PARENT SCHOLARSHIP FUND APPLICATION for SCHOLARSHIP

Please print or type all information.

If applications are mailed, they must be post-marked on or before the deadline.

Check the semester for which you are applying: ___ **Fall** (Deadline July 31)
 ___ **Spring** (Deadline December 31)
 ___ **Summer** (Deadline May 21)

PERSONAL INFORMATION

Full Name _____ SS# _____

Mailing Address _____
 Number and Street Apt. # City Zip Code

Residential Address _____
(if different from above) Number and Street Apt. # City Zip Code

Home Phone # _____ Work Phone # _____ Cell Phone# _____

Email address _____

Gender: Male _____ Female _____ Current Age _____ Date of Birth _____

How long have you been a Faulkner County resident? _____

How long have you been a single parent? _____

Race (optional): Black American Hispanic Asian Native American Caucasian/Other
 [Note: identifying your race will have no bearing on your selection for the scholarship and may help us suggest other sources of financial aid.]

How many children do you have legal custody of and sole responsibility for the daily care of? _____

Name and ages of these children: _____

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

EDUCATIONAL INFORMATION

Please list the names, dates of attendance, and training received. Identify degree or number of credits earned. (Example: Conway High School, Diploma, 2000; GED, Conway, 2002.)

High School or GED _____

Trade or Vocational School _____

College _____

Military _____

- Are you currently attending college or school? _____
- What institution do (or will) you attend? _____
- What course of study do you plan to pursue? _____
- When do you expect to graduate (month/year)? _____

Will you be enrolled as: Full-time student _____ Part-time student _____

Number of credit hours taken this semester to be covered by this scholarship? _____

What is your current GPA? _____ What is your cumulative GPA? _____

Do you plan to stay in Faulkner Co. after you complete your education? Yes ___ No ___

EMPLOYMENT INFORMATION

Will you be working while attending school this semester? Full-time ___ Part-Time ___ No ___

List your most current or most recent employment:

Employer:
Address: (including city, state, zip)
Phone:
Job Title:
Number of hours per week:

List your employers for the past **three** years:

If not employed outside the home, list your major home and community activities for the past **three** years:

FINANCIAL INFORMATION

Are you covered by any health insurance or medical insurance?	Y		N	
Is anyone sharing household expenses with you?	Y		N	
Have you previously applied for a Single Parent Scholarship If yes, when? _____	Y		N	
Were you awarded a Single Parent Scholarship?	Y		N	
Do you have relatives living in the area? If yes, what assistance do they provide? (Check all that apply) Housing__ Financial__ Transportation__ Childcare__ Other__ None__	Y		N	
Have you applied for a Pell Grant?	Y		N	
Have you been granted a Pell Grant? If yes, what is the amount per semester? _____	Y		N	

Please list all scholarships and financial aid you have applied for and/or will be receiving during the semester for which this scholarship would be used:

Type of Financial Aid	Have you received an award letter?	Dollar amount awarded
Pell Grant		
Student Loan		
Work Study		
Other Grants / Scholarships		
Other types of financial aid (please specify)		

School Term Costs: Tuition: _____ Books _____ Fees _____ Supplies _____

Memorandum of Understanding

I am applying for a scholarship to be awarded by the Faulkner County Single Parent Scholarship Fund (FCSPSF). I understand the FCSPSF is a private, non-profit organization founded on the principle of providing opportunity to post-secondary education and removing barriers that may hinder the opportunity for higher education for single parents of minor children who meet certain eligibility requirements.

I understand the following:

- FCSPSF has certain requirements for eligibility that must be met before I may be awarded a scholarship.
- I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
- Not all applicants who meet eligibility requirements may be awarded a scholarship.
- If I received the full time scholarship and am taking 12 hours, I may not drop a course without adding another course. Should I need to drop below full-time enrollment status, I *WILL* contact FCSPSF *before* dropping the class.
- If I drop below full time or out of school for any reason, marry or move out of Faulkner County, I lose all rights to remaining awarded funds.
- The status of program funds and/or eligibility may change without notice.

If I am awarded a scholarship or if I should become ineligible to receive a scholarship or any part thereof, I do waive any cause of action that I may have against the FCSPSF, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document that FCSPSF, its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason of not receiving a scholarship.

I understand that the Faulkner County Single Parent Scholarship Fund is required to verify all information provided to determine eligibility for assistance. I hereby agree to allow contact with other agencies, individuals, or organizations to share information regarding my case and compliance. It is also my understanding that the FCSPSF board will work with the college or vocational school I plan to attend on my behalf and has my permission to obtain access to my past, current, and future school records including enrollment and graduation information as needed for subsequent reports.

The undersigned applicant states that the information contained in this application along with any attachments hereto, is true and correct to the best of the applicant's knowledge and belief; that the applicant has read all of the requirements and criteria for the Faulkner County Single Parent Scholarship Fund and agrees to abide by them; that the applicant shall abide by the decisions of the Faulkner County Single Parent Scholarship Fund, regarding the granting of any scholarship; that such decisions shall be final; and the applicant agrees that only a complete application will be reviewed.

Applicant Signature

Date