



SINGLE PARENT SCHOLARSHIP FUND
of Faulkner County

Renewal Scholarship Application

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.

Applicants may complete the Renewal Application once they have received a previous scholarship from Faulkner County Single Parent Scholarship Fund, as long as they are attending consecutive semesters.

Amount of Scholarship

Scholarships are distributed three times a year and are 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> | | |

- 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. Not all qualified applicants may be selected.

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)
- Single head of household (single, legally separated, divorced or widowed) with sole custody of one or more children under the age of 18 and 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 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

Information furnished in this application, submitted documents, and any personal interviews will be relied upon by the Board in awarding 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. The applicant shall truthfully respond to all relevant questions asked at any personal interviews.

FCSPSF **RENEWAL** SCHOLARSHIP CHECKLIST

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

Include each of the following:

_____ Renewal Application pages 3 and 4

_____ 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 Leigh Drummond – leigha.drummond@capcainc.org.

_____ Signature/release forms (page 5)

_____ First page of your most recent federal tax return (required once a year)

All information must be received and postmarked by deadline.

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

List your most current or most recent employment:

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

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 Board of Directors or Fiscal Sponsor. I understand that by affixing my signature to this document that FCSPSF, its Board of Directors or Fiscal Sponsor 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 Members 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