



SINGLE PARENT SCHOLARSHIP FUND

*of Franklin County*

# Scholarship Application

## 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. Scholarships may be used for tuition, books, utility bills, car maintenance, childcare, or any other financial need that contributes to the recipient's success in school.

## Amount of Scholarship

Single Parent Scholarships are distributed three times a year. Awards for full-time students are up to \$750 per semester, while part-time students receive up to \$375.

Applicants may reapply for each semester they are attending school and fill out a new application.

## Deadlines

Fall Sessions: July 15<sup>th</sup>  
Spring Sessions: January 1st  
Summer Sessions: June 1<sup>st</sup>

## Criteria

For the purposes of this scholarship, a single parent is defined as a single head of household with children under the age of 18 headed by a parent who is widowed, divorced, separated, or unmarried, and has physical custody and is caring for the children without assistance from another parent, either biological, adoptive, or stepparent.

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

1. Be a resident of Franklin County, Arkansas.
2. Be a single head of household (divorced, widowed, separated, never married).
3. Have custody of and be responsible for daily care of her/his children under the age of 18.
4. Low income person at or near the poverty level.
5. Be a high school graduate or have achieved a GED.
6. Be enrolled in (or accepted by) a public or private nonprofit post-secondary school in a program providing marketable skills to achieve self-sufficiency and a better standard of living. Applicants must not have a baccalaureate degree with the exception of those pursuing a Master of Arts in Teaching.
7. Be a recipient of or applying for a Pell Grant.
8. Maintain a 2.0 GPA for scholarship renewal.

### **Applications should be mailed to:**

**Single Parent Scholarship Fund of Franklin County  
c/o Arkansas Tech University - Ozark Campus  
1700 Helberg Lane Ozark, AR 72949**

**SPSF FC SCHOLARSHIP APPLICATION**

New \_\_\_\_\_ **Renewal** \_\_\_\_\_

**PLEASE PRINT IN BLUE OR BLACK INK OR TYPE ALL INFORMATION.**

Please mark the semester you are applying for:

\_\_\_\_\_ FALL (**Deadline July 15th**) Year: \_\_\_\_\_  
 \_\_\_\_\_ SPRING (**Deadline January 1<sup>st</sup>**)  
 \_\_\_\_\_ SUMMER (**Deadline June 1<sup>st</sup>**)

**PERSONAL INFORMATION**

Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Number and Street Apartment # City Zip Code

Residential Address: \_\_\_\_\_  
 (If different from above) Number and Street Apartment # City Zip Code

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Message Phone # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RACE (optional): African American Asian Hispanic Native American Caucasian Other:  
 [Note: For reporting purposes only, has no bearing on eligibility]

How long have you been a Franklin County resident? **Attach documentation of your residency, such as a copy of your latest utility bill, rental agreement, or DHS Verification Sheet.** \_\_\_\_\_

Marital Status (Please Circle): SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED  
**For the purposes of this scholarship, you must meet the definition of single parent as defined on the first page. Attach one of the following: a DHS Verification Sheet, tax return, or divorce/separation papers.**

How many children under 18 do you have legal custody of? \_\_\_\_\_  
**Attach one of the following documents: a DHS Verification Sheet, tax return, or legal documents for divorce/separation/custody/child support.**

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

Name of Child(ren)/Dependents	Living with you? Yes/No	Male/Female?	Current Age	Date of Birth	Does he or she have medical insurance? Y/N

[Note: Use the back of the sheet if you need more space]

Do you have relatives living in the area? Yes No

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Name of nearest relative who will always know where/how to reach you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street      Apartment #      City      State      Zip Code

**EDUCATIONAL INFORMATION**

Have you previously earned a bacallaureate level degree? Yes      No

List schools attended or training received. Give names and dates. Identify degree or number of credits earned. (Example: Ozark High School, Diploma 1964; GED Forth Smith, 1980; ATU 1999-2000, 21 credits ).

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

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

College: \_\_\_\_\_

Military/Other: \_\_\_\_\_

Are you currently enrolled? Yes      No      Where are you enrolled? \_\_\_\_\_

If YES:      What is your year in school? \_\_\_\_\_  
                  Are you enrolled full or part-time? \_\_\_\_\_  
                  If part-time, how many hours? \_\_\_\_\_

What college or school do you now attend or plan to attend? \_\_\_\_\_

What course of study (major) do you plan to pursue? \_\_\_\_\_

Number of credit hours completed \_\_\_\_\_ Current Grade Point Average (GPA) \_\_\_\_\_

Number of credit hours needed to complete program: \_\_\_\_\_ When will you graduate? \_\_\_\_\_

**FINANCIAL INFORMATION**

Is anyone sharing household expenses with you? Yes      No

If YES:      Name \_\_\_\_\_  
                  Relationship to you \_\_\_\_\_

Do you receive assistance from relatives or friends in any of the areas listed below? (Check all that apply)

\_\_\_\_\_ Housing      \_\_\_\_\_ Transportation      \_\_\_\_\_ Childcare  
\_\_\_\_\_ Financial Help      \_\_\_\_\_ Other (please list)

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\_\_\_\_\_ I do not receive any assistance from relatives or friends.

Are you covered by any health insurance? Yes      No

Are you currently working? Yes      No

If YES:      Number of hours you work per week: \_\_\_\_\_  
Is this a work study position?      Yes      No

Will you be working for income during the semester covered by this scholarship? Yes      No

If YES:      Number of hours you expect to work per week: \_\_\_\_\_  
Will this be a work study position?      Yes      No

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

Name of Employer	Address	Job Title	From—To

Please list any volunteer work or community activities in which you have participated during the past 5 years:

\_\_\_\_\_  
\_\_\_\_\_

Have you previously applied for a Single Parent Scholarship?      Yes      No

If YES:      Were you awarded a Single Parent Scholarship?      Yes      No

If YES, when? \_\_\_\_\_

For what types of costs do you anticipate using the Single Parent Scholarship?

\_\_\_\_\_

What are your anticipated school expenses for the semester covered by this scholarship?

Tuition and Fees      \_\_\_\_\_

Books and Supplies      \_\_\_\_\_

**Attach verification of your Pell Grant, such as an award letter.**

**SPSF FC SCHOLARSHIP APPLICATION**  
**Income and Expense Statement**

**Monthly Income**

Employment/Work Study \$ \_\_\_\_\_  
 Unemployment Benefits \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 TEA (Transitional Employment Asst) \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Food Stamps/SNAP \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 HUD Rental Assistance \$ \_\_\_\_\_  
 Family/Friends \$ \_\_\_\_\_  
 VA Benefits \$ \_\_\_\_\_  
 Other (i.e. others in household providing support) \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**Monthly Expense**

Rent/Mortgage \$ \_\_\_\_\_  
 Food/Groceries \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Telephone/Cellular \$ \_\_\_\_\_  
 Medical/Dental \$ \_\_\_\_\_  
 Automobile Payments \$ \_\_\_\_\_  
 Transportation (gas, tires, etc.) \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Childcare Expenses \$ \_\_\_\_\_  
 Clothing/Household Goods \$ \_\_\_\_\_  
 Other Expenses (specify) \$ \_\_\_\_\_  
 Credit Card/Loan payments \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**How many are supported by this income?** \_\_\_\_\_

**Additional Income/Expense Information** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Additional Resources For This Semester**

Please list the amounts of each type of financial aid you have received in the recent past or will receive during the next semester.

	Amount Received Last Semester	Amount Received Current Semester	Amount Received Next Semester
Pell Grant	\$ _____	\$ _____	\$ _____
VA Educational Benefits	\$ _____	\$ _____	\$ _____
Student Loan	\$ _____	\$ _____	\$ _____
Other Grants or Scholarships	\$ _____	\$ _____	\$ _____
<small>(If more than one please note below and DO NOT include anticipated SPSF Scholarship)</small>			
WAEDA <small>(Western Arkansas Employment Agency)</small>	\$ _____	\$ _____	\$ _____
Rehabilitation Services	\$ _____	\$ _____	\$ _____
Other Financial Aid <small>(Please specify)</small>	\$ _____	\$ _____	\$ _____
Additional Assistance	_____		

Please explain the source of your additional assistance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SPSF SCHOLARSHIP APPLICATION

## INSTRUCTIONS FOR SUBMISSION OF APPLICATION:

1. **APPLICATIONS MUST BE COMPLETED AND RECEIVED BY THE DEADLINE TO BE CONSIDERED FOR A SCHOLARSHIP.** If you leave any section blank you will not be considered for a scholarship.

2. **FIRST TIME APPLICANTS** must submit the following supporting documents:

\_\_\_\_\_ Completed Application

\_\_\_\_\_ Two letters of reference from people (not related to you) who are familiar with your life experiences and with your character (work, school, or personal).

\_\_\_\_\_ A personal statement explaining your goals, why you chose this particular course of study, what you hope to achieve and why a scholarship is needed. Feel free to include any information about yourself which might be helpful in evaluating your application (not to exceed 2 pages)

\_\_\_\_\_ A class schedule for the semester covered by the scholarship and a copy of the latest grade statement (if recipient was in school).

\_\_\_\_\_ Financial Aid Award Letter (Verification of Pell Grant)

\_\_\_\_\_ Copy of your latest utility bill, DHS Verification Sheet, or Rental Agreement

\_\_\_\_\_ Copy of divorce decree, tax return, or legal documents that demonstrate "single parent" definition and custody of children

**RENEWAL APPLICANTS** must submit all of the above documents (except the letters of reference letters and statement of personal goals) and:

\_\_\_\_\_ A class schedule for the semester covered by the scholarship and a copy of the latest grade statement (if recipient was in school).

\_\_\_\_\_ Brief written statement about how the scholarship has helped your progress

3. After the submission deadline, applications will be screened for eligibility. Those applicants eligible for a Single Parent Scholarship will be invited to a personal interview. You will receive a notice telling you the days and times interviews will be conducted.

4. After the interviews, applicants will receive a written notice advising them whether they have been awarded a scholarship. If you receive a scholarship your notification letter will specify the date scholarship money will be distributed and the procedure to follow to receive your check. The award will be split in two, half of it is received up front and the second half after submission of mid-term grades if your cumulative GPA is at or above 2.0.

6. You must sign and date the Memorandum of Understanding (Page 7).

The following is OPTIONAL, but your assistance in these areas increases the ability of Single Parent Scholarship Fund to publicize our efforts and to raise money. Please check yes or no to each item and sign at the bottom of the page. Thank you!

I hereby give Single Parent Scholarship Fund permission to use information about my background, experiences and academic accomplishments in promotional materials.

Yes, with my name \_\_\_\_\_ Yes, but only anonymously \_\_\_\_\_ No \_\_\_\_\_

I would be willing to assist SPSF by speaking at civic clubs, churches, or other engagements in which members of the community want to learn about the activities of the Single Parent Scholarship Fund. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# SPSFFC SCHOLARSHIP APPLICATION

## Memorandum of Understanding

I am applying for a scholarship to be awarded by the Single Parent Scholarship Fund of Franklin County (SPSFFC). I understand that the SPSFFC is a private, non-profit organization which awards scholarships to single parents who meet certain eligibility requirements.

I understand the following:

1. SPSFFC has certain requirements for eligibility that must be met before I may be awarded a scholarship.
2. The status of program funds and/or eligibility requirements may be change without notice.
3. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
4. Not all applicants who meet eligibility requirements may be awarded a scholarship.
5. If I drop out of school for any reason, marry, or move out of Franklin County, I lose all rights to remaining awarded funds. I shall be responsible for notifying SPSFFC.
6. I understand that dropping classes, in any given semester, below the award amount, may affect current or future scholarship awards. I shall be responsible for notifying SPSFFC.
7. I understand that if I miss an interview appointment I may become ineligible to receive a scholarship.
8. Purposely falsifying any information required by SPSFFC or making misleading or false statements in this applcation and/or interview as well as concerning SPSFFC or any agencies dealing with SPSFFC will result in immediate dismissal from the program.
9. I understand that the Board of Directors decision is final.

If I am not 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 SPSFFC, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document that SPSFFC, 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 have read and understand the above requirements and by my signature do agree to abide by them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I understand that the Single Parent Scholarship Fund of Franklin County is required to verify all information provided to determine eligibility for assistance. I hereby give permission for all financial and academic information related to my application for a Single Parent Scholarship to be released, upon request, to the Single Parent Scholarship Fund of Franklin County. I also agree to participate in follow up research conducted by SPSFFC after I am no longer receiving scholarship awards and hereby give permission to SPSFFC to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date