



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 but **they must fill out a renewal application for each semester a scholarship is sought. The renewal application is a separate application.**

Deadlines

Fall Sessions: August 15th
Spring Sessions: January 1st
Summer Sessions: June 1st

Criteria

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 (if lower, please attach an explanatory letter)

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 (For First Time Applicants)

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 attending college or school? Yes No

If YES: When did you first enroll? _____
 How many credit hours have you completed toward your degree/diploma? _____
 How many credit hours are you taking this semester? _____
 What is your current cumulative grade point average? _____

What college or school do you now attend or plan to attend? _____

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

When do you expect to graduate? _____

Will you be a full-time or part-time student during the semester covered by this scholarship? Full ___ Part ___

How many credit hours will you take during the semester covered by this scholarship? _____

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)

_____ I do not receive any assistance from relatives or friends.

SPSF FC SCHOLARSHIP APPLICATION (For First Time Applicants)

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 _____

Have you applied for a Pell Grant? Yes No

If YES: Have you received your financial aid award notification? Yes No

SPSF FC SCHOLARSHIP APPLICATION (For First Time Applicants)

Please list amounts of income for each source of income. Column A should include income derived from each source during the PAST 12 months. Column B should include the amounts you expect to derive from each source during the NEXT 12 months. **THIS SECTION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR A SCHOLARSHIP.**

Source of Income (Net Income)	Column A	Column B
	Last Year	Coming Year
Employment (Work or Work Study)		
Family and Friends		
Child Support		
Unemployment Benefits		
Reserve Armed Forces		
Social Security		
Rehabilitation/SSI/SSDI		
HUD Rental Assistance		
TEA Assistance		
Child Care Vouchers		
Food Stamps		
V.A.		
Pell Grant		
Scholarships/Other Grants		
AFDC		
Other (Please list)		
TOTAL		

What are your average monthly expenses? (Please list dollar amounts)

Expense	Amount per month
Housing	
Utilities (electric, gas, phone, water)	
Food	
Transportation (gas, tires, maintenance)	
Child Care	
Insurance	
Medical Costs (check-ups, dentist, etc.)	
Clothing and Household Goods	
Other (Please List)	
TOTAL Average Monthly Expenses	

SPSFFC SCHOLARSHIP APPLICATION (For First Time Applicants)

ADDITIONAL REQUIREMENTS (Instructions)

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 in addition to this application form . Use this checklist to be sure your application packet is complete.

_____ 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 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).

RENEWAL APPLICANTS must submit the following supporting document in addition to a renewal application form.

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

Upon submission of your application you will receive a letter telling you if your application packet is complete. You will only receive one notice if you are missing required items.

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 6).

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 (For First Time Applicants)

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 application 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