

# Ozark Foothills Single Parent Scholarship Fund

## **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. 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 twice a year.

Spring and Fall Sessions:	Full-Time Students	\$500
Non-Academic Institutions:	Full-Time Students	\$250

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:

1. Resident of Fulton or Sharp County, Arkansas
2. High School or GED graduate
3. Single head of household (single, legally separated, divorced, widowed) with primary physical custody of a child under the age of eighteen (18).
4. Pursuing a career-oriented course of study to ensure a better standard of living for his/her family. Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Master of Arts in Teaching.
5. Low-income person at or below 185% of poverty level.
6. Recipient of a Pell Grant or have applied for a Pell Grant.

### **Return Application to:**

**Ozark Foothills Single Parent Scholarship Fund, P.O. Box 650, Salem, AR 72576.**

# Ozark Foothills Single Parent Scholarship Application

For Office Use Only

**Please print in ink or type all information.**

Please mark the semester you are applying for:

\_\_\_\_\_ Spring (Deadline December 1)                      Year: \_\_\_\_\_

\_\_\_\_\_ Fall (Deadline (August 1)

\_\_\_\_\_

Date Received

\_\_\_\_\_

By

## Personal Information

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

Mailing Address: \_\_\_\_\_

Number and Street                      Apartment #                      City                      Zip Code

Residential Address: \_\_\_\_\_

Number and Street                      Apartment #                      City                      Zip Code

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

Message # (Has this person been notified you will be receiving calls?) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you Male \_\_\_\_\_ Female \_\_\_\_\_?                      Current Age: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

How long have you been a Fulton \_\_\_\_\_ or Sharp \_\_\_\_\_ County resident? \_\_\_\_\_

Marital Status (Please Circle One):    SINGLE    MARRIED    DIVORCED    SEPARATED    WIDOWED

Race (optional):    AFRICIAN AMERICAN    ASIAN    HISPANIC    NATIVE AMERICAN    WHITE    OTHER: \_\_\_\_\_

Do you have relatives living in the area?    YES    NO

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

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

Number of Adults \_\_\_\_\_                      Number of Children \_\_\_\_\_

Name Of Dependents	Living with you Yes or No	Male/Female	Current Age	Date of Birth	Does he or she have Med. Insurance? Y/N

Ozark Foothills Single Parent Scholarship Application (Continued)

**Educational Information**

List schools attended or training received. Give names and dates. Identify degree or number of credits earned. (Example: Salem High School, Diploma 1983; GED Ash Flat, 1990; U of A 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 a 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.

Ozarks Foothills Single Parent Scholarship Application (Continued)

**Financial Information (Continued)**

Are you covered by any health insurance?      YES    NO

Are you currently working?      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: \_\_\_\_\_

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Have you previously applied for an Ozark Foothills 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? \_\_\_\_\_

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

Tuition and Fees \_\_\_\_\_

Books and Supplies: \_\_\_\_\_



Ozark Foothills Single Parent Scholarship Application (Continued)

**Financial Information (Continued)**

Sources of Income

Please list both monthly and annual amounts 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	Column A (Past 12 months)		Column B (Next 12 Months)	
	Per Month	Per Year	Per Month	Per Year
Friends				
Family				
Employment (Do NOT include work study)				
Child Support				
Reserve Armed Forces				
Unemployment				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA Assistance				
Child Care Vouchers				
Food Stamps				
V. A.				
Loan from Family or Friends				
Money to be used from Savings				
Other (Please List)				
Total				

In the space below please include anything else about your financial situation that would be helpful in evaluating your application.

Ozark Foothills Single Parent Scholarship Application (Continued)

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

To the applicant: Please have a friend or neighbor complete this form. This person cannot be a relative or any of your household members and should be someone with a telephone who can be reached between 8:00 a.m. and 4:30 p.m. They should be familiar enough with your household to be able to answer every question. This form is used to verify residency and household composition, which are requirements of eligibility.

To the person completing this form: The above named individual has applied for a scholarship. In order for us to determine his/her eligibility, we need a statement from a person who is not a relative and who knows the applicant and his/her circumstances.

1. What is the family's home address (where they live): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are the names of the adults living in the house?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How do you know that all these persons living in the home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does anyone in the house work? Yes No If yes, who is working and where does s/he work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has anyone moved into this home in the past 6 months? Yes No If yes, who has moved in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has anyone moved out of this home in the past 6 months? Yes No If yes, who has moved out? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

Ozark Foothills Single Parent Scholarship Application (Continued)

**Additional Requirements**

1. Please note that this application must be filled out completely to be considered for a scholarship. If you leave any section blank you will not be considered for a scholarship.
2. In addition to this application form **you must** submit the following supporting documents. Use this checklist to be sure your application packet is complete.

\_\_\_\_\_ Three letters of reference from people (not related to you) who are familiar with your life experiences and with your character.

\_\_\_\_\_ A personal statement explaining why 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.

\_\_\_\_\_ A copy of your high school transcript **and** diploma **or** your GED certificate **and** test scores.

\_\_\_\_\_ Transcripts from any colleges or schools you have previously attended.

\_\_\_\_\_ A letter of acceptance/admission from the school of your choice. (Note: if you have a transcript that indicates current enrollment that will be acceptable.)

\_\_\_\_\_ Estimates of current grades from classes in progress, signed by your professors (if you are attending school now).

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. You must call to schedule your interview when you receive this notice.
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. Prior to check distribution each recipient must submit a class schedule for the semester covered by the scholarship and a copy of the final grades from the previous semester (if recipient was in school). To receive a fall scholarship, each recipient must submit an official transcript, which includes grades earned the previous academic year.
5. You must sign and date the release statement below.

**RELEASE STATEMENT**

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 Ozark Foothills Single Parent Scholarship Fund. I also agree to participate in follow-up research conducted by Ozark Foothills Single Parent Scholarship Fund after I am no longer receiving scholarship awards and hereby give permission to Ozark Foothills Single Parent Scholarship Fund to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

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

\_\_\_\_\_  
Date