

RENEWAL SCHOLARSHIP APPLICATION

(To be submitted only by former recipients of the SPSF of Grant County)



PURPOSE:

The purpose of the Single Parent Scholarship Fund of Grant County is to provide scholarships (up to \$500 per semester) to 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, child care, etc.

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.**

DEADLINES:

- Applications for the Fall Semester must be postmarked no later than **July 20th**.
- Applications for the Spring Semester must be postmarked no later than **November 1st**.

CRITERIA:

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

1. Resident of Grant County, Arkansas.
2. Low-income person at or near the poverty level.
3. Single head of household (single, legally separated, divorced, widowed) with at least joint custody of a child(ren) under the age of eighteen.
4. High school graduate or equivalent.
5. Pursuing a career oriented undergraduate course of study (full or part time) to ensure a better standard of living for his/her family. Applicants cannot already have earned a baccalaureate degree with the exception of those pursuing a Master of Arts in Teaching.
6. Recipient of a Pell Grant or in the process of obtaining a Pell Grant.
7. Accepted for admission at an accredited educational institution.
8. Maintain a cumulative grade point average of 2.0 or better.
9. Willing to attend a scheduled interview and reception (if applicant is selected).

EACH APPLICANT MUST SUBMIT THE FOLLOWING:

1. A complete renewal application.
2. Proof of enrollment.
3. Letter from Financial Aid Officer of educational institution stating Pell Grant status.
4. Copy of most recent transcript

Will you be working for income while you go to school? Yes ___ No ___

Is anyone sharing household expenses with you? If so, who? _____

Please list the amounts of each type of monthly income and expense. This section must be filled out to determine financial need.

MONTHLY INCOME:

INCOME FROM WORK _____
PELL GRANT _____
STUDENT LOAN _____
HOUSING _____
UTILITY CHECK _____
TEA _____
FOOD STAMPS _____
CHILD CARE ASSIST. _____
CHILD SUPPORT _____
OTHER _____
TOTAL _____

MONTHLY EXPENSES:

MEDICAL _____
TUITION _____
BOOKS _____
RENT _____
UTILITIES _____
CREDIT CARD _____
FOOD _____
CHILD CARE _____
OTHER _____
OTHER _____
TOTAL _____

Did you receive a SPSF scholarship for the current semester? Yes ___ No ___

If No, when did you last receive a SPSF scholarship? _____

I hereby certify that all information on the above application is true and correct to the best of my knowledge.

Signature of Applicant

Date

Release of Information

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 Grant County. I also agree to participate in follow up research conducted by SPSFGC after I am no longer receiving scholarship awards and hereby give permission to SPSFGC to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

Signature of Applicant

Date

The following is OPTIONAL but your assistance in these areas is greatly appreciated:

I hereby give permission for the use of information about my background, experiences and academic accomplishments in promotional materials. Yes, with my name ___ Yes, but anonymously ___ No ___

I would be willing to speak 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 ___

All application materials should be mailed by the set deadline to:

Single Parent Scholarship Fund of Grant County
P.O. Box 157
Sheridan, AR 72150