

INITIAL SCHOLARSHIP APPLICATION



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.**

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 bachelor 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 application.
2. A personal statement explaining goals and course that is to be studied.
3. Two letters of reference from people who are familiar with your character and goals.
4. Proof of enrollment, i.e schedule for the semester covered by the scholarship.
5. Letter from Financial Aid Officer of educational institution stating Pell Grant status.
6. Copy of most recent transcript (High School, GED, or College).
7. Copy of most recent first page of Income Tax Form (Form 1040).

DEADLINES:

- Fall Semester: **July 20th**
- Spring Semester: **November 20th**

EDUCATIONAL INFORMATION

Have you previously earned a bachelor level degree? Yes ___ No ___

List schools attended or training received. Give names and dates. Identify degree or number of credits earned. (Example: Sheridan High School, Diploma 1964; GED Pine Bluff, 1980; U of A 1999-2000, 21 credits).

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military/Other: _____

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? Month _____ Year _____

What is your current cumulative grade point average? _____

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

FINANCIAL INFORMATION

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 _____

How did you hear about the Single Parent Scholarship? _____

For what types of costs do you anticipate using the Single Parent 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 hereby give permission for the use of pictures of me and my children taken at award ceremonies and SPSFGC events in promotional materials and media announcements.

Yes, with my children___ Yes, but only me___ 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