

GREENE COUNTY SINGLE PARENT SCHOLARSHIP FUND

Purpose: To provide supplemental financial assistance to those single parents who are pursuing a course of instruction to improve their quality of life and achieve economic self-sufficiency through education.

Criteria: Single parents selected for financial assistance must meet the following criteria:

1. A resident of Greene County, Arkansas.
2. A high school graduate (or equivalent) or in the process of obtaining either a diploma or GED.
3. Single head of household (single, legally separated, divorced, or widowed).
4. Pursuing an undergraduate course of study at an accredited institution of higher learning.
5. Low-income person at or near the poverty level.
6. Responsible for the care of minor age children.
7. Apply for Pell Grant.
8. Does not hold bachelor level degree.
9. Grade point average of 2.00 or better if in school at time of application.

Each applicant must submit the following by the application deadline.

1. Completed and signed **APPLICATION**.
2. **VERIFICATION OF ENROLLMENT** or acceptance from an educational facility.
3. **RECOMMENDATIONS** from people who are familiar with your life experiences and character. Forward the references to the committee by the application deadline. **USE THE STANDARD REFERENCE FORMS PROVIDED.**
4. A **PERSONAL STATEMENT** explaining why you chose to continue your education, 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.
5. A current **TRANSCRIPT** of high school, GED, college, or vo-tech.

**IMPORTANT: INCOMPLETE APPLICATIONS WILL NOT BE
CONSIDERED.**

APPLICATION DEADLINE:

July 15

GREENE COUNTY SINGLE PARENT SCHOLARSHIP APPLICATION

SECTION I- GENERAL INFORMATION

Name_____

Mailing address_____

City_____ Zip code_____

County of residence_____

Home phone_____ Message phone_____

Age_____ Date of birth_____

How long have you been a resident of Greene County?_____

MARITAL STATUS: _____Single _____Married _____Divorced
_____Legally separated _____Widowed

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

Please list the ages of your children:_____

Is anyone else helping you with the household expenses?_____

SECTION II - FINANCIAL INFORMATION

Are you covered by any health or medical insurance?_____

Will you be working while you attend school?_____

If yes, how many hours each week?_____

What was your total gross income for the past 12 months?_____

What do you anticipate your total gross income will be once you enter school?_____

TOTAL MONTHLY EXPENSES. Please list amount.

Housing \$ _____
Do you receive HUD assistance? _____

Utilities (electric, gas, phone, water) \$ _____

Food \$ _____
Do you receive food stamps? _____

Transportation (gas, tires, maintenance) \$ _____

Insurance coverage \$ _____

Loan payments \$ _____

Monthly payments \$ _____

Clothing, household goods \$ _____

Medical costs \$ _____

Child care \$ _____

Other (list) _____ \$ _____
_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

NOTE: Please include anything else about your financial situation you feel would be helpful in evaluating your application.

SECTION III - EMPLOYMENT HISTORY

Please list your employers for the past 5 years, beginning with your present or most recent employer:

EMPLOYER	ADDRESS	JOB TITLE	FROM/TO	SALARY

If you have not been employed outside the home, list your major home and community activities for the past five years.

SECTION IV: INCOME

Please list sources of income.

	Total gross income in the last 12 months	Total projected 12-month gross income once school begins
Friends		
Family		
Employment		
Work Study		
Military Pay		
Unemployment		
Social Security		
Rehabilitation		
HUD Rental Assistance		
AFDC		
Child Care		
Food Stamps		
Loans		
VA		
State Scholarship		
Grants		
Pell Grants		
Other (please list)		

SECTION V - EDUCATION

LIST SCHOOLS ATTENDED OR TRAINING RECEIVED. GIVE NAMES OF INSTITUTIONS AND DATE. (e.g. Jonesboro High School, diploma, 1990; GED, Paragould, 1991.)

High school or GED _____

Vocational or technical school _____

College or university _____

Military _____

What institution will you attend? _____

What course of study do you plan to pursue? _____

When do you expect to graduate? _____

How many hours will you carry? _____

Full-time student or part-time student? _____

Have you applied for a Pell Grant? _____

Have you been granted a Pell Grant? _____

If you have been granted a Pell Grant, what will be the total amount per semester?
\$ _____

Have you previously applied for a single parent scholarship? _____

If yes, were you awarded a single parent scholarship? _____

If yes, what were the dates of the scholarship award? _____

For what types of costs do you anticipate using the single parent scholarship?

Please check the appropriate choice:

Periodically, we would like to send names and descriptions of scholarship recipients to those who donate money to the Greene County Single Parent Scholarship Fund. If you are selected as a recipient, may we use your name along with a description of your situation? (Answering no to either question will not affect the selection of recipients.)

_____yes_____no Signature_____

If *no*, may we use a description of your situation without your name if you are selected as a recipient? _____yes_____no Signature_____

**RETURN THE COMPLETED APPLICATION AND ALL REQUIRED ATTACHMENTS
BY THE APPLICATION DEADLINE TO THE FOLLOWING ADDRESS:**

**Greene County Single Parent Scholarship Fund
Attn: Cindy Burton
1032 West Kingshighway
P.O. Box 458
Paragould, AR 72450**

**INCOMPLETE APPLICATIONS WILL NOT BE GIVEN
CONSIDERATION.**

**Patty Camp pcamp@grnco.net
Cindy Burton 870.239.3200
Donna Carter 870.236.7000**

