

# Hempstead County Single Parent Scholarship

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## **PURPOSE:**

To provide supplement financial assistance to those single parents who are pursuing a course of instruction which will improve their income-earning potential. This scholarship may be used for tuition, books, utility bills, car maintenance, child care, etc.

## **CRITERIA:**

Applicants selected for financial assistance will meet the following criteria:

1. Resident of Hempstead County, Arkansas for at least 30 days preceding the deadline for receipt of completed application. Applicant may be required to produce deposit receipts, utility bills, or other proof of residency.
2. High school or GED graduate.
3. Single head of household (never married, legally separated, divorced, widowed) with legal custody and sole responsibility of one or more children under the age of 18.
4. Pursuing a career-oriented course of study (full or part-time) to ensure a better standard of living for his/her family.
5. Enrolled in an accredited, public or private non-profit post secondary school in a program providing marketable skills to achieve self-sufficiency. Applicant cannot previously have earned a bachelor level degree.
6. Low income person at or near the poverty level.
7. Recipient of Pell Grant or in process of obtaining a Pell Grant.
8. Have maintained a cumulative grade point average of at least a 2.5 on a 4.0 scale

**INSTRUCTIONS:** Each applicant must submit the following:

1. Hempstead County Single Parent Scholarship Fund Application, **COMPLETELY** filled out in ink, or typed.
2. Verification of enrollment. (letter from registrar or schedule of classes)
3. Transcript of high school or college work (whichever is most recent) or GED certificate.
4. Three (3) letters of recommendation: One letter may be from a family member; the other two must be from a professional, academic or non-family reference.
5. Applicant's statement of goals: why particular course of study is chosen, why scholarship is needed, and other information about yourself which may be helpful in evaluating your application
6. Proof of income and resources (tax returns, letter from employer, printout from local DHS office, last four consecutive check stubs, etc.)

**Return application form and ALL required attachments to the UACCH Financial Aid Office or mail to:**

***Hempstead County Single Parent Scholarship  
c/o University of Arkansas Community College at Hope  
PO Box 140  
Hope, AR 71802-0140  
ATTN: Judy Anderson***

<p><b><u>APPLICATION DEADLINES</u></b> <b>FALL SEMESTER – AUGUST 15</b> <b>SPRING SEMESTER – DECEMBER 15</b></p>
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Are you and/or your children covered by any health insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what type? \_\_\_\_\_

For what purpose will you use this scholarship?

Tuition \_\_\_\_\_ Books \_\_\_\_\_ Housing \_\_\_\_\_ Clothing \_\_\_\_\_ Child Care \_\_\_\_\_ Food \_\_\_\_\_

Utilities \_\_\_\_\_ Medical/Dental \_\_\_\_\_ Other (explain) \_\_\_\_\_

Will you work while in school? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, the number of hours expected to work per week \_\_\_\_\_

**B. Educational Information:**

List names and dates of schools attended or training received. Identify degree or credits earned.

(Example: City High School, Diploma, 1964; GED, City, 1980)

High School or GED: \_\_\_\_\_

Trade or Vocational School: \_\_\_\_\_

College: \_\_\_\_\_

Military/Other: \_\_\_\_\_

What college or school will you attend? \_\_\_\_\_

What course of study do you plan to pursue? \_\_\_\_\_

Number of credit hours already completed toward degree/diploma: \_\_\_\_\_

Will you be a full-time or part-time student? \_\_\_\_\_ FULL \_\_\_\_\_ PART

How many hours do you plan to carry? \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

School term costs:

\_\_\_\_\_ Tuition \_\_\_\_\_ Books \_\_\_\_\_ Fees \_\_\_\_\_ Supplies

Have you applied for a Pell Grant? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, submit a copy of your award letter with this application.

If no, please explain:

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Have you previously applied for a Hempstead County Single Parent Scholarship? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, when?

<b>YEAR</b>	<b>SEMESTER</b>

**C. FINANCIAL INFORMATION:**

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

<b>Housing</b>	
<b>Utilities</b>	
<b>Food</b>	
<b>Transportation</b>	
<b>Child Care</b>	
<b>Insurance</b>	
<b>Medical Costs</b>	
<b>Clothing/Household Goods</b>	
<b>Other (lists)</b>	
<b>TOTAL</b>	

In Column A list the amount of income in the past 12 months by source.  
 In Column B list the amount of income you expect to have while in school.

**COLUMN A**  
 (LAST 12 MONTHS)

**COLUMN B**  
 (NEXT 12 MONTHS)

Work or Work Study		
Transitional Employment Assistance (TEA)		
Child Support		
Unemployment Benefits		
Reserve Armed Forces		
Rehabilitation/SSI/SSDI		
Social Security		
Family and/or Friends		
HUD Rental Assistance		
Food Stamps		
Loans		
Veteran's Administration Benefits		
Pell Grant		
Other Grants (list)		
Scholarships (list)		
Other (list)		

List your current or most recent employment:

\_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Address (including city, state, zip)

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Your job title

\_\_\_\_\_  
 Number of hours worked per week

If you have not been employed outside the home, list some of your major home and community activities: \_\_\_\_\_  
 \_\_\_\_\_

Please list the contact information of a close relative and/or friend who will know how to reach you.

NAME	ADDRESS	CITY/STATE	PHONE NUMBER

## Memorandum of Understanding

I am applying for a Hempstead County Single Parent Scholarship (HCSPS). I understand the HCSPS is founded on the principle of providing opportunity to post-secondary education and removing barriers that may hinder the opportunity for higher education for single parents of minor children who meet certain eligibility requirements.

I understand the following:

- HCSPS has certain requirements for eligibility that must be met before I may be awarded a scholarship.
- I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
- Not all applicants who meet eligibility requirements may be awarded a scholarship.
- If I am awarded a scholarship based on full-time enrollment and I drop below full-time enrollment for any reason, marry or move out of Hempstead County, Arkansas, I lose all rights to remaining awarded funds. If I am awarded a scholarship based on half-time enrollment and I drop below half-time enrollment for any reason, marry or move out of Hempstead County, Arkansas, I lose all rights to remaining awarded funds.
- Should I need to drop a class I WILL first contact the UACCH Financial Aid Office BEFORE dropping the class.
- The status of program funds and/or eligibility may change without notice.

I understand that all information I provide on the Hempstead County Single Parent Scholarship application is subject to verification to determine eligibility for assistance. I hereby agree to allow contact with other agencies, individuals, or organizations to share information regarding my case and compliance.

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

\_\_\_\_\_  
Date

It is also my understanding that the University of Arkansas Community College at Hope will work with the college I plan to attend on my behalf and has my permission to obtain access to my past, current and future school records.

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

\_\_\_\_\_  
Date

The undersigned applicant states that the information contained in this application along with any attachments hereto, is true and correct to the best of the applicant's knowledge and belief; that the applicant has read all of the requirements and criteria for the Hempstead County Single Parent Scholarship and agrees to abide by them; that the applicant shall abide by the decisions of the scholarship committee regarding the granting of any scholarship; that such decision shall be final; and the applicant agrees that only a COMPLETE application will be reviewed.

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

\_\_\_\_\_  
Date

# **HCSPS Applicant Check-List**

Please read the following check-list before submitting application

## **Items that MUST be submitted for HCSPS**

- \_\_\_\_\_ **Completed HCSPS application**
- \_\_\_\_\_ **Proof of college enrollment**
- \_\_\_\_\_ **Proof of Pell Grant award and other financial assistance being received**
- \_\_\_\_\_ **Official transcript from college/high school**
- \_\_\_\_\_ **Three letters of recommendation**
- \_\_\_\_\_ **Personal narrative, including goals, course of study and why the scholarship is needed**
- \_\_\_\_\_ **Federal tax return**
- \_\_\_\_\_ **Other (proof of TEA, Child Support, Unemployment benefits, Rehab, Social Security income, HUD rental assistance, food stamps, etc.)**

This checklist is provided to assist you in providing ALL required and necessary documents for the HCSPS application. If you have questions concerning this application please contact the UACCH Financial Aid Office at 870-722-8264.