

# Hempstead County Single Parent Scholarship

## Hempstead County, Arkansas

**AMOUNT OF SCHOLARSHIP: \$750.00 (full-time: 12 credit hours or more)**  
**\$375.00 (part-time: 6 to 11 credit hours)**

**\*\* NOTE: Award amounts may vary and are contingent upon funding availability.\*\***

**CRITERIA: (All documentation listed in the criteria must be included for consideration.)**

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. Single head of household (never married, separated, divorced, or widowed) with legal custody and sole responsibility of one or more children under the age of 18. Applicant may be asked to provide proof of marital status.
3. Pursuing a career-oriented course of study (full or part-time) to ensure a better standard of living for his/her family.
4. Enrolled in an accredited, public or private non-profit post secondary school in a program providing marketable skills to achieve self-sufficiency. Applicants cannot already have earned an undergraduate degree with the exception of students working towards a Master of Arts in Teaching.
5. Recipient of, or in the process of obtaining a Pell Grant.
6. Low-income person at or near the poverty level. Applicant may be asked to provide current tax forms.
7. Have maintained a cumulative grade point average of at least 2.5 on a 4.0 scale. Students who fail to maintain the required cumulative GPA will be given one (1) probationary semester to raise the GPA to the required level. Failure to raise the GPA during the probationary semester may result in the loss of the scholarship.

**Applications deadlines are as follows:**

**Fall: July 1**

**Spring: November 30**

**Summer: April 30**

**(Note: The Hempstead County Single Parent Scholarship Fund will no longer consider applications past the above listed due dates.)**

Please type or use black or blue ink.

Date Application Received: \_\_\_\_\_

### HEMPSTEAD COUNTY SINGLE PARENT SCHOLARSHIP FUND

**Contact information:**

Becky Wilson @ 870-722-8265 or  
becky.wilson@uacch.edu

**Please check one:**

Fall \_\_\_\_\_ Deadline July 1  
Spring \_\_\_\_\_ Deadline November 30  
Summer \_\_\_\_\_ Deadline April 30

Applicant's Name

Social Security Number

Address

Phone

College Attending

Course of Study/Major

Expected Graduation Date

Email Address

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

NOTE: The above information is for reporting purposes only and has no bearing on eligibility.

How long have you been a resident of Hempstead County? \_\_\_\_\_

Marital Status: Never Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Do you have primary custody of your child(ren)? \_\_\_\_\_

Including yourself, how many individuals live with you and are dependent on you for financial support? \_\_\_\_\_

Please list the name(s) and age(s) of your child(ren) as referred to in the above question: (use back of form is needed)

Child's Name	Child's Age

What was your income for last year? \_\_\_\_\_ (Include proof of income)

What is your expected monthly income for the coming year? \_\_\_\_\_

What is your expected monthly expense(s) for the coming year? \_\_\_\_\_

Do you receive HUD assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you receive Food Stamps? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you covered by any health or medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Please type or use black or blue ink.

Date Application Received: \_\_\_\_\_

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

Have you been awarded a Pell Grant? YES \_\_\_\_\_ NO \_\_\_\_\_

List other sources of financial aid and amounts you expect to receive for this semester: \_\_\_\_\_

\_\_\_\_\_

What is your highest education level? \_\_\_\_\_ High School/GED \_\_\_\_\_ Associate degree

\_\_\_\_\_ Bachelor's degree \_\_\_\_\_ Master's degree \_\_\_\_\_ Professional degree \_\_\_\_\_ Doctorate degree

I hereby give permission for all financial aid and academic information related to my application for the Hempstead County Single Parent Scholarship to be released upon request to the University of Arkansas Community College at Hope.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Furthermore, I understand and agree to release my name and personal information (e.g. Social Security Number, age, gender, race, county of residence, post-secondary institution attended, and the amount of the scholarship awarded) to the Arkansas Department of Higher Education.

\_\_\_\_\_ YES \_\_\_\_\_ NO

I grant the Hempstead County Single Parent Scholarship Fund permission to use my name, photos and/or scholarship amount for publicity purposes through media outlets.

\_\_\_\_\_ YES \_\_\_\_\_ NO

If for any reason you need to have your personal information withheld from the media (e.g. victim of domestic violence, etc.) please explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: YOU MUST REAPPLY EACH SEMESTER FOR THIS SCHOLARSHIP. BE SURE ALL SUPPORTING DOCUMENTATION IS PROVIDED!**

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

\_\_\_\_\_  
Date