

SINGLE PARENT SCHOLARSHIP FUND OF HOWARD COUNTY

STATEMENT OF PURPOSE:

The purpose of the Single Parent Scholarship Fund of Howard County is to provide incentive scholarships to economically disadvantaged single parents who are completing their post-secondary education in preparation for employment leading to economic self-sufficiency.

AMOUNT OF SCHOLARSHIP: \$500.00 (full-time) / \$250.00 (part-time)

Single Parent Scholarships are distributed two times a year (fall and spring semesters). Applicants may apply for both semesters with one application. However, **each semester verification of enrollment and an updated transcript (official or unofficial) must be re-submitted** to the address below to remain qualified.

CRITERIA:

1. Resident of Howard County, Arkansas.
2. High school or GED graduate.
3. Single head of household (single, legally separated, married but separated, divorced, or widowed) who is solely responsible for one or more dependents under the age of 18.
4. Pursuing a career-oriented course of study to ensure a better standard of living for his/her family. Applicants cannot already have earned an undergraduate degree with the exception of students working towards a Master of Arts in Teaching.
5. Low-income person at or near the poverty level.
6. Recipient of, or in the process of obtaining a Pell Grant.
7. Have maintained a cumulative grade point average of at least 2.5 on a 4.0 scale.

INSTRUCTIONS: Each applicant must submit the following:

1. Howard 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. Personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself that might be helpful to the Selection Committee in its evaluation.
5. Proof of income and resources (tax returns, letter from employer, printout from local DHS office, last four consecutive check stubs, etc.).

Application Deadline for Spring- February 1st
Application Deadline for Fall- September 15th

Mail application and requested information to:

Single Parent Scholarship Fund of Howard County (SPSF/HC)
P.O. Box 463
Dierks, AR 71833

SINGLE PARENT SCHOLARSHIP FUND OF HOWARD COUNTY



SCHOLARSHIP APPLICATION

PLEASE PRINT IN INK OR TYPE ALL INFORMATION.

Please mark the semester(s) you are applying for: _____ **SPRING (Deadline February 1st)**
_____ **FALL (Deadline September 15th)**

A. PERSONAL INFORMATION

Name (First, Middle Initial, Last)		SS#	
Mailing Address		City	Zip
Residential Address (if different from above)		City	Zip
(Home Phone)	(Cell)	(Work)	(Message)

Current age: _____ Date of Birth: _____

Marital Status: (Circle one) **SINGLE;** **MARRIED;** **MARRIED BUT SEPERATED;**
DIVORCED; **LEGALLY SEPARATED;** **WIDOWED**

Including you, how many individuals are dependent on you for financial help or support?
(Circle one) **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10 or more**

Please list the ages of your children _____

Is anyone sharing your household expenses with you? **YES / NO**

Do you have relatives living in the area? **YES / NO**

If **YES**, what assistance do they provide you? (Circle all that apply)

HOUSING / TRANSPORTATION / CHILDCARE / FINANCIAL HELP / OTHER / NONE

Have you previously applied for a Howard County Single Parent Scholarship? **YES / NO**

Were you awarded a Single Parent Scholarship? **YES / NO**

If **YES**, when? _____

B. EDUCATIONAL INFORMATION

List schools attended or training received. Give names and dates. Identify degree or number of credits earned. (Example: Nashville High School, Diploma 1975; GED Lonoke 1980; ASU 1976-77, 21 credits).

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military/Other: _____

Are you currently attending college or school? **YES / NO**

If **YES**, How many credit hours have you completed toward your degree/diploma? _____

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? _____

Will you be a full-time or part-time student? (Circle one) **FULL-TIME / PART-TIME**

How many credit hours do you now take or plan to take? _____

C. FINANCIAL INFORMATION

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

IF A SECTION DOES NOT APPLY TO YOU CIRCLE (N/A).

HOUSING	\$	N/A
UTILITIES (electric, gas, phone, water)	\$	N/A
FOOD	\$	N/A
TRANSPORTATION (gas, tires, maintenance)	\$	N/A
INSURANCE COVERAGE	\$	N/A
LOAN PAYMENTS	\$	N/A
MONTHLY PAYMENTS	\$	N/A
CLOTHING, HOUSEHOLD GOODS	\$	N/A
MEDICAL COSTS (check-ups, dentist, etc)	\$	N/A
CHILD CARE	\$	N/A
OTHER EXPENSES (please list)	\$	N/A
	\$	N/A
TOTAL AVERAGE MONTHLY EXPENSES	\$	

Will you be working for income while you go to school? **YES / NO** If **YES**, _____ hours/week

Please list sources of income in \$ figures in **Column A** if you derived income from that source in the **LAST 12** months. In **Column B**, list the \$ amount of sources of income that you will derive income from in the **NEXT 12** months. **If Column B is not completed, we cannot process your application. PLEASE INCLUDE ALL SOURCES SUCH AS FOOD STAMPS, HUD, OTHER SCHOLARSHIPS, ETC. IF A SECTION DOES NOT APPLY TO YOU CIRCLE (N/A).**

SOURCE OF INCOME	COLUMN A (LAST 12 MONTHS)	COLUMN B (NEXT 12 MONTHS)	DOES NOT APPLY TO ME
FRIENDS	\$	\$	N/A
FAMILY	\$	\$	N/A
EMPLOYMENT	\$	\$	N/A
WORK STUDY	\$	\$	N/A
RESERVE ARMED FORCES	\$	\$	N/A
UNEMPLOYMENT	\$	\$	N/A
SOCIAL SECURITY	\$	\$	N/A
REHABILITATION	\$	\$	N/A
HUD RENTAL ASSISTANCE	\$	\$	N/A
TEA ASSISTANCE	\$	\$	N/A
CHILD SUPPORT	\$	\$	N/A
FOOD STAMPS	\$	\$	N/A
V.A.	\$	\$	N/A
LOANS	\$	\$	N/A
SCHOLARSHIPS	\$	\$	N/A
PELL GRANTS	\$	\$	N/A
OTHER (grants, etc.) (please list)	\$	\$	N/A
	\$	\$	N/A
	\$	\$	N/A
TOTAL INCOME	\$	\$	

Have you applied for a Pell Grant? **YES / NO** Have you been granted a Pell Grant? **YES / NO**

Do you know the amount? **YES / NO** If **YES**, amount (per semester) \$ _____

If **NO**, you may apply on-line at [http:// www.fafsa.ed.gov](http://www.fafsa.ed.gov)

For what types of costs do you anticipate using the Single Parent Scholarship?

D. ADDITIONAL REQUIREMENTS

1. Please attach a personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself that might be helpful to the Selection Committee in its evaluation.

2. Please attach a copy of your high school diploma or college transcript (or GED certificate and test scores) to this application. Also, please provide proof of enrollment if this is your first semester to attend college.

Name (First, Middle Initial, Last)

SS#

You must sign and date the release statement below.

VERIFICATION

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 Howard County. (Please circle) Yes / No

Furthermore, I understand and agree to release my name and personal information (e.g. Social Security number, age, and gender, race, and county of residence, post-secondary institution attended, and amount of scholarship awarded) to the Arkansas Department of Higher Education. (Please circle) Yes / No

I grant the Single Parent Scholarship Fund of Howard County permission to use my name, photos and/or scholarship award amount for publicity purposes through media outlets. (Please circle) Yes / No

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

Signature of Applicant

Date