

**SINGLE PARENT SCHOLARSHIP FUND  
OF INDEPENDENCE COUNTY**  
9<sup>th</sup> and Oak Streets  
Batesville, Arkansas 72501  
Phone: (870) 793-5765 Fax: (870) 793-2167

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**STATEMENT OF PURPOSE:**

To provide supplemental financial assistance (up to \$500 per semester\*) to those 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, childcare, etc.

**Applicants must complete a new application for each semester a scholarship is sought.**

- Available to Independence County Scholarship Recipients who are full time students in good academic standing after two semesters.

**CRITERIA:**

Single parents selected for financial assistance will meet the following criteria:

1. Resident of Independence County, Arkansas.
2. High school graduate or equivalent (may apply if enrolled in college and in process of obtaining GED diploma.)
3. Single head of household (single, legally separated, divorced, widowed) with sole custody of children under the age of eighteen.
4. Pursuing a vocationally 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 an undergraduate degree with the exception of those pursuing a Master of Arts in Teaching.
5. Low income person at or near the poverty level.
6. Recipient of a Pell Grant or in process of obtaining same.

**INITIAL APPLICATION:**

Each applicant must submit the following:

1. Single Parent Scholarship Application, **COMPLETELY** filled out in ink, or typed.
2. Verification of college/school enrollment or acceptance.
3. Transcript of high school or college work (whichever is more recent.)
4. Three (3) letters of recommendation from people who are familiar with your character and goals. Please do not use relatives as references.
5. A statement of your goals.
6. Class schedule of semester applying for.

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# SPSF/INDEPENDENCE CO. SCHOLARSHIP APPLICATION

Please mark the semester you are applying for:  SPRING (Deadline: \_\_\_\_\_)  
 SUMMER (Deadline: \_\_\_\_\_)  FALL (Deadline: \_\_\_\_\_)

## A. PERSONAL INFORMATION

1. Full Name \_\_\_\_\_ S.S. # \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

3. Residential Address: \_\_\_\_\_  
(if different from above)

4. Phone: Home# \_\_\_\_\_ Work # \_\_\_\_\_ Message # \_\_\_\_\_

5. Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

6. How long have you been an Independence County resident? \_\_\_\_\_

7. Marital Status: (please circle one)  
SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED

8. Including yourself, how many individuals are dependent on you for financial help or support? \_\_\_\_\_

9. Please list the ages of your children \_\_\_\_\_

10. Is anyone sharing your household expenses with you? YES \_\_\_\_\_ NO \_\_\_\_\_

11. Do you have relatives living in the area? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Housing  Transportation  Childcare  
 Financial Help  Other  None

12. Have you previously applied for an Independence County Single Parent Scholarship?

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

Were you awarded a Single Parent Scholarship? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, when? \_\_\_\_\_

**B. EDUCATIONAL INFORMATION:**

1. List schools attended or training received. Give names and dates.  
 (Example: **Batesville** High School, Diploma, 1964; GED **UACCB**, 1980)  
 High School or GED: \_\_\_\_\_  
 Trade or Vocational School: \_\_\_\_\_  
 College: \_\_\_\_\_  
 Military/Other: \_\_\_\_\_
2. Are you currently attending college or school?  Yes  No.  
 If YES, number of credit hours already completed toward degree/diploma: \_\_\_\_\_
3. What college or school do you now attend or plan to attend? \_\_\_\_\_
4. What course of study (major) do you plan to pursue? \_\_\_\_\_
5. When do you expect to graduate? \_\_\_\_\_
6. Will you be a full-time or part-time student? FULL  PART
7. How many credit hours do you now take or plan to take? \_\_\_\_\_

**C. FINANCIAL INFORMATION:**

1. What are you average monthly expenses? (Please list dollar amount)

|  |          |
|--|----------|
| Housing                                  | \$ _____ |
| Utilities (electric, gas, phone, water)  | \$ _____ |
| Food                                     | \$ _____ |
| Transportation (gas, tires, maintenance) | \$ _____ |
| Insurance coverage                       | \$ _____ |
| Loan payments                            | \$ _____ |
| Monthly payments                         | \$ _____ |
| Clothing, household goods                | \$ _____ |
| Medical costs (check-ups, dentist, etc.) | \$ _____ |
| Child care                               | \$ _____ |
| Other expenses (please list)             | \$ _____ |
| _____                                    | \$ _____ |
| _____                                    | \$ _____ |
| _____                                    | \$ _____ |

TOTAL AVERAGE MONTHLY EXPENSES \$ \_\_\_\_\_

2. Are you covered by any health or medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Will you be working for income while you go to school? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If YES, how many hours each week will you work? \_\_\_\_\_

4. 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.

**COLUMN A**  
 Income last year  
 (past 12 mos.)

**COLUMN B**  
 Income expected  
 (next 12 months)

|                 | \$ Per Month | \$ Per Year | \$ Per Month | \$ Per Year |
|-----------------|--------------|-------------|--------------|-------------|
| Friends         |              |             |              |             |
| Family          |              |             |              |             |
| Employment      |              |             |              |             |
| Work Study      |              |             |              |             |
| Reserves        |              |             |              |             |
| Unemployment    |              |             |              |             |
| Social Security |              |             |              |             |
| Rehabilitation  |              |             |              |             |
| HUD             |              |             |              |             |
| TEA Assistance  |              |             |              |             |
| Child Support   |              |             |              |             |
| Food Stamps     |              |             |              |             |
| Loans           |              |             |              |             |
| V.A.            |              |             |              |             |
| Scholarship     |              |             |              |             |
| Pell Grant      |              |             |              |             |
| <b>TOTAL</b>    |              |             |              |             |

Other Grants or sources of income (please list): \_\_\_\_\_

TOTAL HOUSEHOLD INCOME FOR **PAST** 12 MONTHS: \$ \_\_\_\_\_

TOTAL HOUSEHOLD INCOME FOR **NEXT** 12 MONTHS: \$ \_\_\_\_\_

(OPTIONAL) Please include anything else about your financial situation that would be helpful in evaluating your application in the space provided. \_\_\_\_\_

5. Have you applied for a Pell Grant? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Have you been granted a Pell Grant? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Do you know the amount of the Grant? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If Yes, give amount (per semester) \$ \_\_\_\_\_  
 If No, you may apply on-line at <http://www.fafsa.ed.gov>

6. For what types of costs do you anticipate using the Single Parent Scholarship?  
 \_\_\_\_\_

7. Please list your employers for the past five years beginning with your present or most recent employer:

| Name of Employer | Address | Job Title | From-To |
|------------------|---------|-----------|---------|
| _____            | _____   | _____     | _____   |
| _____            | _____   | _____     | _____   |
| _____            | _____   | _____     | _____   |

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

#### D. ADDITIONAL REQUIREMENTS

1. Please have three people (not related to you) send letters of reference to the Scholarship Committee. They should be familiar with your life experiences and with your character.
2. 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 which might be helpful to the Selection Committee in its evaluation.
3. Please attach a copy of your high school diploma or college transcript (or GED certificate and test scores) to this application.

YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:

#### VERIFICATION

I hereby give permission for all information related to my financial aid to be released, upon request, to the Single Parent Scholarship Fund Independence County.

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

\_\_\_\_\_  
Date



Arkansas Department of Higher Education / Single Parent Scholarship Project

**PERMISSION TO RELEASE CONFIDENTIAL INFORMATION**

**Section I (required authorization)**

I, \_\_\_\_\_, hereby grant permission to the Single Parent Scholarship Fund serving \_\_\_\_\_ County to release confidential information provided on my scholarship application to the Arkansas Single Parent Scholarship Fund and the Arkansas Department of Higher Education. I understand that this information will be used for statistical purposes only and will not be released to any other organization or individual with the exception of the separately signed authorization below. This information will be limited to:

- Name
- Social Security Number
- Date of Birth
- County of Residence
- Institution of Higher Learning
- Race
- Gender
- Amount of Scholarship Award

The following optional information may be reported:

- \* High School Attended
- \* ACT Test Score (or ACT equivalent)
- \* GED Test Score
- \* Cumulative GPA (High School and/or College)

→ \_\_\_\_\_  
SIGNATURE DATE

**Section II (authorization optional – signature required)**

A student who receives any form of state-supported student financial assistance, as defined by Act 605 of 2009, must sign this form indicating whether she/he authorizes the Arkansas Department of Higher Education and/or the institution of higher education where the student attends to release her/his individual personal information to the Bureau of Legislative Research. The Bureau assists the Arkansas General Assembly by providing statistical analysis of student information. The Bureau will not receive or release a student's name, social security number, or income information.

If authorized, the following individual personal information may be released to the Bureau of Legislative Research:

1. A unique student identifier
2. Status for Federal Pell grant
3. Postsecondary grade point average
4. Number of semester hours attempted
5. Number of semester hours completed
6. Gender, race, ethnicity, and age
7. High school graduated from or GED test score
8. High school grade point average
9. ACT score or ACT equivalent score
10. Academic progress information

***A decision to authorize or not authorize the release of this information to the Bureau of Legislative Research WILL NOT affect eligibility for state-supported student financial assistance, including the ADHE/Single Parent Scholarship.***

***\*Please check only one of the following options and sign below:***

- I authorize the release my individual personal information to the Bureau of Legislative Research.
- I do not authorize the release my individual personal information to the Bureau of Legislative Research.

→ \_\_\_\_\_  
SIGNATURE DATE