

SINGLE PARENT SCHOLARSHIP FUND

OF

JACKSON COUNTY

Please mark all the terms you plan to attend and the hours you expect to enroll in during the year.

Are you enrolled at ASU Newport Yes _____ No _____

List the other in-state school you are enrolled: _____

Summer I term (yr) _____	hours enrolled _____	Application Deadline...April 15
Summer II term (yr) _____	hours enrolled _____	Application Deadline... May 15
Fall term (yr) _____	hours enrolled _____	Application Deadline ...August 1
Spring term (yr) _____	hours enrolled _____	Application Deadline....November 1

Purpose: To provide supplemental financial assistance 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 and/or fees.

****Applicants may reapply for scholarship assistance each semester of study.**

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

1. Resident of Jackson County, Arkansas
2. High School graduate or equivalent (may apply if enrolled in college and in the 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.
5. Low income person at or near the poverty level.
6. Recipient of a Pell grant or in process of obtaining Pell.

APPLICANTS: Each applicant must submit the following on or by the application deadline:

VERY IMPORTANT

1. Attached application must be filled out in ink or typed.
2. Verification of enrollment/ college acceptance
3. Transcript- high school or college work
4. If you are currently enrolled in college, at the time you submit the application, **YOU MUST SUBMIT A COPY OF YOUR MOST RECENT GRADES.**

ITEMS #5 AND 6 ARE FOR FIRST TIME APPLICANTS ONLY:

5. Two letters of recommendation from people who are familiar with your character and goals. (Please do not use relatives as references)
6. Applicant's statement of goals. See question #27 on Application Form.

Each semester we like to send names and descriptions of scholarship recipients to those individuals who donate money to the Jackson County Single Parent Scholarship Fund.

If you are selected as a recipient, can we use your name along with a description of you using information from your goals statement? Yes_____ No_____

Can we use a description of you without your name if you are selected as a recipient? Yes___ No_____.

Answering "no" to either of the above will not affect your chances of being awarded a scholarship.

APPLICATION MATERIALS AND ALL ATTACHMENTS ARE

TO BE MAILED

TO:

Single Parent Scholarship Committee of

Jackson County

P.O. Box 189

Newport, AR 72112

**SINGLE PARENT SCHOLARSHIP FUND
OF
JACKSON COUNTY
P.O. Box 189
Newport, AR 72112**

(Date of Application)

APPLICATION FOR SCHOLARSHIP

**APPLICANT MUST BE: A resident of Jackson County
A high school graduate (or equivalent)
A single head of household, legally separated, divorced or
Widowed**

1. Name _____ Social Security # _____

2. Mailing Address _____
Street City Zip

3. Residential Address _____

4. Home Phone # _____ Work # _____ Cell # _____

Message # (where you can receive a message within 24 hours) _____

5. Age _____ Date of Birth _____

6. How long have you been a Jackson County resident? _____

7. **SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED**
(Circle appropriate category)

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. Are you covered by any health or medical insurance? Yes _____ No _____

13. Will you be working for income while you go to school? _____ Yes _____ No

If yes, how many hours each week will you work? _____

14. 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. Please include all sources such as food stamps, HUD, other scholarships, etc.

15 & 16.

Column A

Column B

amount of yearly income
received last year
(past 12 months)

amount of yearly income
expected from sources
next year(next 12 months)

	\$ per month	\$ per Year	\$ per month	\$ per Year
Friends				
Family				
Employment				
Work Study				
Reserve Army Forces				
Unemployment Benefits				
Social Security				
Rehabilitation				
HUD Rental Assistance				
AFDC				
Child Support				
Food Stamps				
Loans				
VA				
State Scholarship				
Pell Grants				
Other Grants (please List				
Other Income(please list)				

17. Total household income for the past 12 months \$ _____

18. Total household income for the next 12 months \$ _____

19. Do you receive HUD Assistance? Yes _____ No _____ How much? _____ per month

20. Do you receive Food Stamps? Yes ____ No ____ How much? _____ per month

****Note: Please include anything else about your financial situation that would be helpful in evaluating your application in question # 27**

21. List schools attended or training received. Give name and dates. (Example: Newport High School, 1964: GED, Newport, 1980

High School or GED _____

Grade School _____

College _____

Military _____

22. What course of study do you plan to pursue? _____

23. When do you expect to graduate? _____

24. Will you be a full-time or part-time student? Full- time ____ Part-time ____

25. Please have two people send letters of reference to the Scholarship Committee who are familiar with your character and life experience. Forward letters to the Scholarship Committee by the application deadline. The address for the Scholarship Committee is listed below.

26. 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.

27. Please attach an updated copy of your high school or college transcript (or GED certificate and test scores) to this application.

Applicant's Signature Date

Return to: Scholarship Committee
Single Parent Scholarship Fund of Jackson County
P.O. Box 189
Newport, AR 72112

revised 1/2012