

JEFFERSON County Single Parent Scholarship Fund

STATEMENT OF PURPOSE

To provide supplemental financial assistance (up to \$500 per semester) to 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, child care, or expenses related to educational pursuits, as approved by the Scholarship Committee or Board.

CRITERIA

Single parents selected for financial assistance will meet the following criteria and provide verification to the Scholarship Committee or Board:

1. Resident of Jefferson County, Arkansas (for the past 6 months)
2. Single head of household (single, divorced, widowed, widower) with sole custody of a child or children under the age of eighteen (18)
3. A high school graduate or have obtained a GED
4. Pursuing an undergraduate course of study or vocational oriented undergrad. **Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Master of Arts in Education.**
5. Must be a recipient of a Pell Grant
6. Must have and maintain a 2.50 GPA in high school and/or college
7. Must be a full-time student (12 credit hours) or a part-time student (9 credit hours)
8. **All documentation must be present by the deadline in order for the application to be considered complete**

INSTRUCTIONS

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

Each applicant must submit the following information:

1. A completed application (**Must be typed or completed in blue or black ink**)
2. A verification of Jefferson County residence – utility bills in your name (one at least six (6) months old and a current one **OR** a printout from the utility company for the past six (6) months) **OR** a copy of a paid Jefferson County Real Estate Tax receipt **OR** a copy of a paid Personal Property Taxes receipt.
3. A copy of recent transcript (High school or college – whichever is more recent)
4. A verification document of enrollment/acceptance from Registrar's Office at your institution.
5. Three (3) **typed** and **signed** letters of recommendation from people who are familiar with your character and goals (**one must be from an current or former employer, one from a College or Vocational Instructor or Advisor, and one from a character reference or a letter of reference from someone who can speak about your volunteerism or community service experience**). **Do NOT use relatives as references**
6. Applicant's statement of goals. Attach a **typed** personal statement detailing the following:
 - a. Identify two of your long-term education or career goals. Your goals may be career-oriented, academic, or personal in nature. ("I will become the head of my company's graphics department" is an example of a long-term goal.)
 - b. Break these two long-term goals into several short-term goals that you hope to accomplish within a relatively short time. ("I will learn how to use my company's new graphics software" is one short-term goal that would need to be accomplished before someone could become the head of a graphics department.)
 - c. For each of your short-term goals, list a specific deadline you wish to accomplish the goal by (for example, "I will accomplish this goal by the end of next month"). Describe how you will accomplish the goal (for example, "I will enroll in a professional development course").

Note: The Committee may require proof of income, custody, and/or marital status.

To be considered by the Scholarship Committee, Application Packets are to be postmarked NO LATER THAN the application deadline. Be sure to have sufficient postage, we WILL NOT pay for postage due.

**SPRING Application Deadline – January 22nd
FALL Application Deadline – September 20th**

Mail Completed Application Packet to:

**JEFFERSON County Single Parent Scholarship Fund
P.O. Box 2645
Pine Bluff, AR 71613**

JEFFERSON COUNTY SINGLE PARENT SCHOLARSHIP FUND

P.O. Box 2645
Pine Bluff, AR 71613

Application

FALL Application Deadline – SEPTEMBER 20th
SPRING Application Deadline – JANUARY 22nd

Please indicate the semester and year for which you are applying: FALL _____
 SPRING _____

A. Personal Information

1. Full Name: _____ SSN: _____

2. Residential Address: _____

City/State/Zip Code: _____

3. Mailing Address (if different from above): _____

City/State/Zip Code: _____

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

5. Date of Birth (MM/DD/YY): _____ Current Age: _____

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

7. Marital Status (please check only ONE): (Legally Separated or Separated are ineligible.)

Single (Never Married) Married Divorced Widowed/Widower

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

9. Please list the number and age of children under the age of 18 years old: _____ Age(s): _____
(For example: 3 Age(s): 14, 6, and 2)

10. Is anyone sharing your household expenses with you? YES NO
If YES state gross household income (total household income before taxes):

11. List the name, address and telephone number of your nearest relative:

12. Do you have relatives who are providing support? YES NO

If YES, what assistance do they provide you? (Check ALL that apply):

Housing Transportation Childcare Financial Help

13. Have you previously applied for a Jefferson County Single Parent Scholarship? YES NO

If YES, when? _____

Were you awarded a Single Parent Scholarship? YES NO

14. Have you previously applied for a Single Parent Scholarship from another County? YES

If Yes, what County _____

If YES, when, and the amount _____

Were you awarded a Single Parent Scholarship? YES NO

B. Education Information

1. List schools attended or training received. Give names and dates.
(For example: Pine Bluff High School, Watson Chapel, Alzheimer Diploma, 2003)

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military/Other: _____

2. Are you currently attending college or trade/vocational school? YES NO
If YES, number of credit hours already completed toward degree/diploma: _____

3. Name of college or trade/vocational school 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. How many credit hours do you now take or plan to take? _____

C. Financial Information

1. Will you be working for income while you go to school? YES NO

2. 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](http://www.fafsa.ed.gov) or at you're your educational institution

3. What are your monthly expenses? (Please list dollar amount) attach a separate sheet of paper if necessary

Housing	\$
Utilities:	
Electric	\$
Gas	\$
Water	\$
Phone	\$
Food	\$
Transportation (gas, tires, maintenance)	\$
Insurance Coverage	\$
Loan Payments	\$
Clothing, household goods	\$
Medical Costs (doctor, dentist, etc.)	\$
Child Care	\$
Other Expenses (Please list):	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL MONTHLY EXPENSES	\$

4. What are your monthly income and sources? (**Must list ALL incomes that apply -- including Social Security, Rehab, TEA Assistance, Child Support, Scholarship, Pell Grant, Work, Relatives, etc.**) attach a separate sheet of paper if necessary

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$

10.	\$
TOTAL MONTHLY INCOME	\$

5. Please list your employers for the last five years beginning with your present or most recent employers (attach a separate sheet of paper if necessary):

Name of Employer	Address	Job Title	From	To

D. Application Checklist:

1. A completed application (**Must be typed or completed in blue or black ink**)
2. A verification of Jefferson County residence – utility bills in your name (one at least six (6) months old and a current one **OR** a printout from the utility company for the past six (6) months) **OR** a copy of a paid Jefferson County Real Estate Tax receipt **OR** a copy of a paid Personal Property Taxes receipt.
3. A copy of recent transcript (High school or college – whichever is more recent)
4. A verification document of enrollment/acceptance from Registrar’s Office at your institution.
5. Three (3) **typed** and **signed** letters of recommendation from people who are familiar with your character and goals (**one must be from an current or former employer, one from a College or Vocational Instructor or Advisor, and one from a character reference or a letter of reference from someone who can speak about your volunteerism or community service experience**).
Do NOT use relatives as references
6. Applicant’s statement of goals (Attach a **typed** personal statement explaining why you have chosen this course of study and what you hope to achieve)

Note: The Committee may require proof of income, custody, and/or marital status.

To be considered by the Scholarship Committee, Application Packets are to be postmarked NO LATER THAN the application deadline. Be sure to have sufficient postage, we WILL NOT pay for postage due.

YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:

I hereby give permission for all information related to my financial aid to be released, upon request, to the Jefferson County Single Parent Scholarship Fund (JCSPSF). I give the JCSPSF permission to use my picture for publicity purposes. I understand that this information will be used to acquire donations and other funding for the continuation of this scholarship program.

I understand the questions on this application and realize that hiding information, giving false information or failing to provide adequate verification may result in my application being denied and that such actions may impact consideration for future applications.

Signature of Applicant

Date

**JEFFERSON County Single Parent Scholarship Fund
Applicant Questionnaire**

The purpose of this questionnaire is to provide information about the applicants to the Office of the Arkansas Single Parent Scholarship. This information will be used for the measure of accurate statistical information that will provide an evaluation report to the parent organization. Your answers will not in any way help or hinder your opportunity to receive the scholarship from the Jefferson County affiliate of SPSF.

Full Name: _____

Social Security Number: _____

E-mail address: _____

Age: _____ Gender: _____ Race: _____

How many children do you have? _____

List their age's _____

Your intended profession category (Please check one):

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Business | <input type="checkbox"/> Computers | <input type="checkbox"/> Law |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Education | <input type="checkbox"/> Engineering | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Psychology/Counseling | <input type="checkbox"/> Science | <input type="checkbox"/> Industrial/Technical | <input type="checkbox"/> Foreign Language |

Other:
List course of study:

Thank you