

SINGLE PARENT SCHOLARSHIP FUND OF JOHNSON COUNTY

PURPOSE:

This scholarship is to provide supplemental financial assistance to single parents living in Johnson County who are pursuing a course of instruction which will improve their income-earning potential. Scholarships may be used for tuition, books, fees, utility bills, car maintenance, childcare, etc.

AMOUNT OF SCHOLARSHIP:

Single Parent Scholarships are disbursed three times a year up to \$500 per semester for the first year and up to \$750 for the second and following years, pending availability of funds.

All applicants **MUST** complete the application process each year. Receiving an award for one year does not ensure the renewal of the scholarship. Applicants may apply for scholarship assistance each year for a maximum of five years. If a recipient withdraws from all classes, he/she must wait one year before reapplying.

DEADLINES:

Application must be postmarked by the application deadline. Applications will only be considered if all required information is included (except for proof of college enrollment).

Spring Semester	November 15
Summer Semester	March 15
Fall Semester	July 15

ELIGIBILITY CRITERIA:

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

1. Must reside in Johnson County, Arkansas
2. Must be a single parent with primary custody of child/children under the age of 18
3. Must be classified as low-income by federal guidelines (150% of poverty level)
4. Must have graduated from high school, or received GED equivalent, by time of intended college enrollment
5. Must need training in order to seek gainful employment (cannot already have a baccalaureate degree), with the exception of MA in Teaching
6. Must be enrolled in a post-secondary course of study leading to a degree, diploma or certificate of graduation
7. Must be recipient of a Pell grant, or in process of obtaining one
8. Willing to attend a 15-20 minute interview with board members

REQUIREMENTS:

1. Complete attached application (ink or typed)
2. Complete required essay
3. Provide verification of income (tax form, pay check stub, etc.)
4. Provide transcripts of high school and/or previous college work
5. Provide verification of enrollment from institution at the interview

JOHNSON COUNTY SINGLE PARENT SCHOLARSHIP APPLICATION

Name _____ Social Security Number _____

Mailing Address _____
(Street) (City) (State)

Home Phone _____ Work Phone _____ Cell Phone _____

Personal E-mail: _____

Are you Male ___ Female ___? Current Age: ___ Birth Date: _____

How long have you been a resident of Johnson County? _____

Marital Status: Single ___ Divorces ___ Legally separated ___ Widowed ___ Married ___

Race: Black American ___ Hispanic ___ Asian ___ Native American ___ Caucasian ___ Other ___
[Note: for reporting purposes only, has no bearing on eligibility]

Including yourself, how many individuals are dependent on you for financial support? _____

Please list the age(s) of your child(ren). _____

Do you have primary custody of your child(red)? _____

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 for the coming year? _____

List other sources of student assistance and expected amounts: _____

Have you previously applied for or received a Single Parent Scholarship? _____

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

Please include anything else concerning your financial situation that would be helpful in
evaluating your application: _____

JOHNSON COUNTY SINGLE PARENT SCHOLARSHIP APPLICATION

What is your highest educational level? High School/GED____ Associate degree ____

Bachelor's degree____ Master's degree____ Professional Degree____ Doctorate degree____

List schools attended or training received. Give names and dates.

(Example: Clarksville High School, Diploma, 1998; GED Clarksville, 2000)

What educational institution do you plan to attend? _____

What course of study do you plan to pursue? _____

When do you plan to graduate? _____

Do you plan to attend full-time or part-time? _____

Please attach a personal essay on the following topic: State your specific goals concerning your future and tell how getting an education will improve your future opportunities. Include a plan for using scholarship money, if awarded, for the coming year.

Be sure to attach verification of income for last year (tax form, pay check stub, etc.)

Include a copy of transcripts (high school and/or college) or proof of GED.

I hereby certify that all information on the above application is correct.

Signature

Date

JOHNSON COUNTY SINGLE PARENT SCHOLARSHIP APPLICATION

Release of Information

I hereby give permission for all information related to my financial aid and academic information related to my application to be released to the Johnson County Single Parent Scholarship Fund (SPSF/JC). I also agree to participate in follow-up research conducted by the SPSF after I am no longer receiving scholarship awards to obtain information about my education and economic status for their subsequent reports.

Signature

Date

The following is OPTIONAL but your assistance in these areas increases the ability of the Single Parent Scholarship Fund to publicize our effort and to raise money. Please check yes or no to each item and sign at the bottom of the page. Thank you!

I hereby give permission for my name and other information from my application to be used in promotional materials. Specifically for press releases and for information disseminated to donors to the scholarship fund. Yes___ No___

I would be willing to assist the Single Parent Scholarship Fund of Johnson County by speaking at civic clubs, churches or other engagements in which members of the community want to learn about the activities of the fund. Yes___ No___

Signature

Date

Comments:

Return all completed forms (pages 1 - 3) and required information by the deadline to:

Single Parent Scholarship Fund of Johnson County
c/o Clarksville-Johnson County Chamber of Commerce
101 North Johnson Street
Clarksville, Arkansas 72830

Phone: 479.754.2340

Fax: 479.754.4923

E-mail: cjccofc@centurytel.net