

# **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 \$500.00 per semester for the first year and up to \$750.00 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.

## **DEADLINE:**

Application must be postmarked by June 15. Applications will only be considered if all required information is included (except for proof of college enrollment).

## **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)

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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 through 3) and required information by June 15 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