

Lafayette County Single Parent Scholarship

Lafayette County, Arkansas

AMOUNT OF SCHOLARSHIP: \$750.00 (full-time: 12 credit hours or more)
\$375.00 (part-time: 6 to 11 credit hours)

CRITERIA:

1. Resident of Lafayette County, Arkansas for at least 30 days preceding the deadline for receipt of completed application. Applicant may be required to produce deposit receipts, utility bills, or other proof of residency.
2. Single head of household (never married, separated, divorced, or widowed) with legal custody and sole responsibility of one or more children under the age of 18. Applicant may be asked to provide proof of marital status.
4. Pursuing a career-oriented course of study (full or part-time) to ensure a better standard of living for his/her family.
5. Enrolled in an accredited, public or private non-profit post secondary school in a program providing marketable skills to achieve self-sufficiency. Applicants cannot already have earned an undergraduate degree with the exception of a students working towards a Master of Arts in Education.
5. Recipient of, or in the process of obtaining a Pell Grant.
6. Low-income person at or near the poverty level. Applicant may be asked to provide current tax forms.
7. Have maintained a cumulative grade point average of at least 2.5 on a 4.0 scale. Students who fail to maintain the required cumulative GPA will be given one (1) probationary semester to raise the GPA to the required level. Failure to raise the GPA during the probationary semester may result in the loss of the scholarship.

Applications are accepted Year-Round. Priority given to students who turn applications in as follows:

Fall: July 1
Spring: November 30
Summer: April 30

Please type or use black or blue ink.

Date Application Received: _____

LAFAYETTE COUNTY SINGLE PARENT SCHOLARSHIP FUND

Contact information:

Becky Wilson @ 870-722-8265 or
becky.wilson@uacch.edu

Please check one:

Fall _____ Deadline July 1
Spring _____ Deadline November 30
Summer _____ Deadline April 30

Applicant's Name

Social Security Number

College Attending

Course of Study/Major

Expected Graduation Date

Email Address

Age: _____ Birth Date: _____ Gender: _____ Race: _____

NOTE: The above information is for reporting purposes only and has no bearing on eligibility.

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

Marital Status: Never Married _____ Separated _____ Divorced _____ Widowed _____

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

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

Please list the name(s) and age(s) of your child(ren) as referred to in the above question: (use back of form is needed)

Child's Name	Child's Age

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(s) for the coming year? _____

Do you receive HUD assistance? YES _____ NO _____

Do you receive Food Stamps? YES _____ NO _____

Are you covered by any health or medical insurance? YES _____ NO _____

Please type or use black or blue ink.

Date Application Received: _____

Have you applied for a Pell Grant? YES _____ NO _____

Have you been awarded a Pell Grant? YES _____ NO _____

List other sources of financial aid and amounts you expect to receive for this semester: _____

What is your highest education level? _____ High School/GED _____ Associate degree

_____ Bachelor's degree _____ Master's degree _____ Professional degree _____ Doctorate degree

I hereby give permission for all financial aid and academic information related to my application for the Lafayette County Single Parent Scholarship to be released upon request to the University of Arkansas Community College at Hope.

_____ YES _____ NO

Furthermore, I understand and agree to release my name and personal information (e.g. Social Security Number, age, gender, race, county of residence, post-secondary institution attended, and the amount of the scholarship awarded) to the Arkansas Department of Higher Education.

_____ YES _____ NO

I grant the Lafayette County Single Parent Scholarship Fund permission to use my name, photos and/or scholarship amount for publicity purposes through media outlets.

_____ YES _____ NO

If for any reason you need to have your personal information withheld from the media (e.g. victim of domestic violence, etc.) please explain below:

PLEASE NOTE: YOU MUST REAPPY EACH SEMESTER FOR THIS SCHOLARSHIP. BE SURE ALL SUPPORTING DOCUMENTATION IS PROVIDED!

Signature of Applicant

Date