

**Single Parent Scholarship Fund
of Lawrence County
P.O. Box 69
Walnut Ridge, AR 72476**

_____ *Date of Application*

This application is for (please check one): Fall Spring Summer

APPLICATION FOR SCHOLARSHIP

1. Name _____ Social Security # _____
2. Mailing Address _____
3. City/State/Zip _____
4. Home Telephone # _____ Work Telephone # _____
Message number (where you can receive a message within 24 hours) _____
5. Age _____ Date of Birth (mm/dd/yy) _____
6. How long have you been a Lawrence County resident? _____
7. Check appropriate category:
 Single Married Divorced Legally Separated Widowed
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

FINANCIAL INFORMATION

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 for the last 12 months and expected sources of income for the **next 12 months. Please include all sources such as food stamps, HUD, other scholarships, etc.**

	Column A		Column B	
	Amount of yearly income		Amount of yearly income	
	Received last year (past 12 months)		Expected next year (next 12 months)	
	\$ Per Month	\$ Per Year	\$ Per Month	\$ Per Year
Friends				
Family				
Employment				
Work Study				
Reserve Armed Forces				
Unemployment				
Social Security				
Rehabilitation				
HUD				
TEA				
Child Support				
Food Stamps				
Loans				
VA				
State Scholarship				
Pell Grant				
Other Grants (please list)				
Other Income (please list)				

Total household income for the past 12 months \$ _____

Total household income for the next 12 months \$ _____

15. What are your average monthly expenses? (Please list dollar amount)

Housing	\$ _____	Clothing & Household Goods	\$ _____
Utilities	\$ _____	Medical & Dental Costs	\$ _____
Food	\$ _____	Child Care	\$ _____
Transportation	\$ _____	Other Expenses (please list)	
Insurance	\$ _____	_____	\$ _____
Loan Payments	\$ _____	_____	\$ _____
Monthly Payments	\$ _____	_____	\$ _____
Total Average Monthly Expenses		\$ _____	

16. 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 Pell Grant? Yes No

Give amount (per semester) \$ _____

17. Have you previously applied for a Single Parent Scholarship? Yes No

Were you awarded a Single Parent Scholarship? Yes No

If awarded: Date(s) _____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

18. For what type of costs do you anticipate using the Single Parent Scholarship?

19. Please list your employers for the past five years, beginning with your most recent employer:

Name of Employer	Address	Job Title	From-To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. If you have not been employed outside the home, list your major home and community activities for the past five years: _____

NOTE: Please include anything else about your financial situation that would be helpful in evaluating your application in question #28.

EDUCATIONAL INFORMATION

21. List schools attended or training received. Give names and dates.
(Example: Walnut Ridge High School, Diploma, 1964; GED Walnut Ridge, 1980.)
High School or GED _____
Trade or Vocational School _____
College _____
Military _____
22. What institution are you currently attending? _____
23. What vocational course of study are you pursuing? _____
24. When do you expect to graduate? _____
25. How many hours are you carrying? _____
26. Are you a full-time or part-time student? Full-time Part-time
27. Have three people who are familiar with your life experiences and character send letters of reference to the Scholarship Committee (address below) by the application deadline, or include letters in application.
28. 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.
29. Verification of enrollment/acceptance from the college registrar's office.
30. Please attach an **updated** copy of your high school or college transcript (or GED certificate and text scores) to this application.

Applicant's Signature

Date

Return this application with the items listed above to:
Scholarship Committee
Single Parent Scholarship Fund of Lawrence County
P.O. Box 69
400 NW Fourth Street
Walnut Ridge, AR 72476

Release Form for Financial Information

I hereby give permission for all information related to my financial aid to be released upon request to the Single Parent Scholarship Fund of Lawrence County.

Signature of Student

Date

Release Form for Publicity

Please check appropriate choices:

The committee may wish to use names and descriptions of scholarship recipients in news releases, donor "thank you," fund-raising letters, etc.

If you are selected as a recipient, may we use your name along with a description of you using information from your application materials?

Yes No

If "no," may 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.)

Signature of Student

Date

Single Parent Scholarship Fund Of Lawrence County

PURPOSE

To provide supplemental financial assistance (up to \$500 per semester) 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, utility bills, car maintenance, child care, etc.

PLEASE NOTE

- Applicants may reapply for scholarship assistance each semester of study, but preference may be given to first-time applicants. In general, we have more applicants than we have scholarship money available.
- The selection committee reserves the right to disqualify applicants who fail to submit all information as Requested in the application and instructions.
- As a requirement of the Single Parent Scholarship Fund, applicants must complete a new application for Each semester a scholarship is sought. Be sure to attach a current college transcript.

CRITERIA

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

1. Resident of Lawrence County, Arkansas
2. High school graduate or equivalent (may apply if enrolled in college and in process of obtaining GED diploma.)
3. Single head of household (single, legally separated, divorced, widowed) with sole custody of children under the age of 18.
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.

APPLICATION

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

1. Attached application blank printed in ink or typed.
2. Verification of enrollment/acceptance. (See question #22)
3. Transcript of high school or college work (whichever is more recent).
4. Applicant's personal statement of goals. (See question #28)
5. Three (3) letters of recommendation from people who are familiar with your character and goals. (Please do not use relatives as references.)