

Single Parent Scholarship Fund of Lee County

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 Lee County, Arkansas (for the past 6 months)
2. Single (single, divorced, widowed, widower) with sole custody of a child or children under the age of eighteen (18) (unless living with parents) (*Separated or Legally Separated is ineligible*)
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. 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 more.
8. **All documentation must be present by the deadline in order for the application to be considered complete**
9. **Previously enrolled as a fulltime student in good academic standing after one semester of attendance.**
10. **A low income individual at or near the poverty level.**

INITIAL APPLICATION

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 Lee County residency – For example: *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 Lee County Real Estate Tax receipt* **OR** *a copy of Personal Property Taxes paid.*
3. An **official** transcript of college work (must be within one year.) **No Copy**
4. A verification of college/school enrollment **from Registrar's Office** for the upcoming semester. **No Copy**
5. Two (2) **typed** and **signed** letters of recommendation from people who are familiar with your character and goals with contact information. (**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)
7. Previous proof of a fulltime student in good academic standing after one semester of attendance.
Note: The Committee may require proof of any requested information.

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.

FALL Application Deadline – October 11, 2010
SPRING Application Deadline – February 12, 2010

Mail Completed Application Packet to:

Single Parent Scholarship Fund of Lee County
593 Hwy 243 North
Marianna, AR 72360

Find more scholarships at www.FundMyFuture.info



Single Parent Scholarship Fund of Lee County

593 Hwy 243 North
Marianna, AR 72360

Application

FALL Application Deadline – OCTOBER 11, 2010
SPRING Application Deadline – FEBRUARY 12, 2010

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 Lee County? _____

7. Marital Status (please check only ONE): (Separated or Legally Separated is 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, 2)

10. Is anyone sharing your household expenses with you? YES NO

If YES state gross household income: _____

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

12. Do you have relatives living in this county? YES NO

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

Housing Transportation Childcare Financial Help None

13. Have you previously applied for Lee County or any other county Single Parent Scholarship?

YES, list the name of that county _____ NO

14. Were you awarded a Single Parent Scholarship? YES, when _____ NO

B. Education Information

1. List schools attended or training received. Give names and dates.
(For example: Marianna City, 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? _____

7. Will you be a full-time or part-time student? _____

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 paid by YOU.)

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 (Expenses must be totaled)	\$

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**)

	(Income Last Year past 12 Mo)		(Income Expected next 12 months)			
	\$ Per Month	\$ Per Year	\$ Per Month	\$ Per Year		
Friends						
Family						
Employment						
Work Study						
Reserves						
Unemployment						
Social Security						
Rehabilitation						
HUD						
TEA Assistance						
Child Support						
Food Stamps						
Loans						
V.A.						
Scholarship						
Pell Grant						
TOTALS						

Other Grants or sources of income (please list): _____

TOTAL HOUSEHOLD INCOME FOR PAST 12 MONTHS: \$ _____

TOTAL HOUSEHOLD INCOME FOR NEXT 12 MONTHS: \$ _____

(OPTIONAL) Please include anything else about your financial situation that would be helpful in evaluating your application in the space provided. _____

5. Please list your employers for the last five years beginning with your present or most recent employers:

Name of Employer	Address	Job Title	From	To

D. Application Checklist:

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- 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)
7. Previous proof of a fulltime student in good academic standing after one semester of attendance.

Note: The Committee may require proof of any requested information.

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 Single Parent Scholarship Fund of Lee County (SPSFLEE). I give the SPSFLEE 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

**Single Parent Scholarship Fund of Lee County
Applicant Questionnaire**

The purpose of this questionnaire is to provide information about the applicants to the Office of the Arkansas Single Parent Scholarship Fund (ASPSF). 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 Lee County affiliate of ASPSF.

Full Name: _____

Social Security Number: _____

E-mail address: _____

Age: _____ Gender: _____ Race: _____

How many children do you have? _____ 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 |
| <input type="checkbox"/> Other, please specify: _____ | | | |

Thank you