



Arkansas
SINGLE PARENT SCHOLARSHIP FUND

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.

ELIGIBILITY

Single parents selected for financial assistance will meet the following criteria and provide verification to the Scholarship Committee or Board:

1. **All documentation must be presented by the deadline in order for the application to be considered complete**
2. Resident of Lee County, Arkansas **(for the past 6 months)**
3. Single (single, divorced, widowed, widower) with sole custody of a child or children under the age of eighteen (18) **(Separated or Legally Separated is ineligible)**
4. A high school graduate or have obtained a GED
5. 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 Teaching.**
6. Must be a current recipient of Pell Grant
7. Must have and maintain a 2.5 cumulative GPA in high school and/or college
8. Must be a full-time student (12 credit hours) or a part-time student (9 credit hours)

INSTRUCTIONS **(Incomplete application packets WILL NOT be considered.)**

Applicants must complete a new application and submit current letters of recommendation (No Duplicate) for each semester a Scholarship is sought.

The following documents must be submitted along with the application:

1. A completed application **(Must be typed or completed in blue or black ink)**
2. A verification of Lee County residency for the past 6 months – 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. Most recent **official transcript** (High school or college – whichever is more recent)
4. A verification document of enrollment/acceptance **from Registrar's Office** at your institution. (Not a copy of class schedule.)
5. A verification document of a **current** Pell Grant recipient from Financial Aid office at your institution or an award letter.
6. Three (3) **typed** and **signed** letters of recommendation, including telephone number, from people who are familiar with your character and goals **(Do NOT use relatives as references)**
7. 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)
8. Completed application packet must be mail to:

Single Parent Scholarship Fund of Lee County
P.O. Box 1141
Marianna, AR 72360

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 – September 26
Summer I & II May 16
SPRING Application Deadline – March 10

Single Parent Scholarship Fund of Lee County

**P.O. Box 1141
Marianna, AR 72360**

APPLICATION

**FALL Application Deadline – SEPTEMBER 26
SUMMER I Application Deadline – May 16
Summer II Application Deadline – May 16
SPRING Application Deadline – MARCH 10**

Please indicate the semester and year for which you are applying: FALL _____
 Summer I _____
 Summer II _____
 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
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: Lee High School, Diploma, 2009 or GED)

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, current major or program: _____

If YES, number of credit hours already completed toward degree/diploma: _____

3. Number of credit hours for which you are currently enrolled _____

4. When do you expect to graduate? _____

5. Name of college or trade/vocational school you now attend or plan to attend?

6. What course of study (major) do you plan to pursue? _____

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

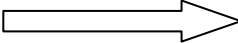
Have you been awarded a Pell Grant? YES NO

Do you know the amount of the Grant? YES NO

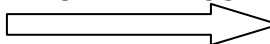
If YES, give amount (Per semester): _____

If NO, you may apply on-line at [HTTP//www.fafsa.ed.gov](http://www.fafsa.ed.gov) or at 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, etc.**)

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
TOTAL MONTHLY INCOME (Income must be totaled) 	\$

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: (Incomplete application packets WILL NOT be considered.)
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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 (SPSFLC). I give the SPSFLC 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