

LINCOLN COUNTY SINGLE PARENT SCHOLARSHIP FUND

LCSPSF scholarships are available four times per year. To be eligible for a scholarship, completed applications must be post-marked/received by the following deadlines.

Fall Semester: Deadline is August 1

Spring Semester: Deadline is December 22

1st Summer Semester: Deadline is June 1

2nd Summer Semester: Deadline is July 1

Purpose: To provide supplemental financial assistance (up to \$500 per regular semester and/or up to \$250 per summer semester) to single parents who are pursuing a course of instruction which will improve income earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, child care, or expenses related to educational pursuits. Recipient must use the entire amount of the scholarship during the semester received or the funds will be forfeited by the recipient. Applicants may reapply for scholarship assistance each semester of study. The funds available and the number of qualifying applicants determine the amount of scholarships awarded.

Requirements: Single parents selected for financial assistance will meet the following requirements and provide verification to the LCSPSF Committee:

1. Resident of Lincoln County, Arkansas for at least the past 6 months.
2. High school graduate or have obtained a GED.
3. Single head of household (single, divorced, widowed, widower) with sole custody of a child or children under the age of eighteen (18).
4. Pursuing an undergraduate or vocational degree. **APPLICANTS CANNOT HAVE ALREADY RECEIVED UNDERGRADUATE DEGREE.**
5. Must be a recipient of a Pell Grant.
6. Must have a grade point average of 2.0 (GPA of C)
7. Must be a full-time student (taking at least 12 credit hours) or a part-time student (taking at least 9 credit hours).
8. **All documentation must be present by the deadline in order for the application to be considered complete.**
9. Signed Agreement to Terms of Scholarship form

Instructions: Each applicant must complete a new application for each semester a Scholarship is sought. Each applicant must submit the following:

1. A completed application. **Must be typed or completed in blue or black ink.**
2. Verification of enrollment from the institution you will be attending for the semester Scholarship is applied for.
3. Transcript of most recent grade report from high school or college.
4. Copy of Pell Grant award notification letter that includes the amount(s) you will receive each semester.
5. A verification of Lincoln County residence by attaching a copy of either - a) a utility bill in your name that is at least 6 months old and a current one; b) a printout from the utility company for the past 6 months; OR c) a copy of your Lincoln County Real Estate Tax receipt or a copy of your Personal Property Taxes paid.
6. An essay written by the applicant explaining why you chose this course of study and what you hope to achieve. Include any information about your situation which might be helpful to the LCSPSF Committee in its selection process.
7. Three (3) signed letters of recommendation from people who are aware and know your character and goals. You may not use relatives as references.

Re-Applicants: If you have received a LCSPSF Scholarship before, to re-apply you must complete the first six (6) instructions listed above. You **DO NOT** need to submit new recommendation letters.

To be considered for a LCSPSF Scholarship, completed application with all required documents must be postmarked or received NO LATER THAN the appropriate deadline given above. Sufficient postage must be used. The LCSPSF will not pay for postage due. Mail applications to:

**Lincoln County Single Parent Scholarship Fund
PO Box 791
Star City AR 71667**

LINCOLN COUNTY SINGLE PARENT SCHOLARSHIP FUND

Please check below which semester you are applying:

Fall _____ (Deadline is **August 1st**)

Spring _____ (Deadline is **December 22nd**)

1st Summer Semester _____ (Deadline is **June 1**)

2nd Summer Semester _____ (Deadline is **July 1**)

Date of Application

1. Name _____

2. Residential Address _____

City/State/Zip Code _____

3. Mailing Address (if different from above) _____

City/State/Zip Code _____

4. Home Phone # _____ Work Phone # _____ Cell Phone # _____

5. Age _____ Date of Birth _____

6. How long have you been a resident of Lincoln County? _____

7. Marital Status - Please circle only ONE category: (Separated or Legally Separated are not eligible)

Single (*Never been married.*)

Divorced

Widowed/Widower

8. Including yourself, how many individuals are dependent on you for financial help or support?

9. List the ages of your children _____

10. Does anyone share your household expenses with you? Yes _____ No _____

If YES, what is the total household income? _____

11. Do you have relatives living in this area? Yes _____ No _____

If yes, what assistance do they provide for you? (Check all that apply)

Housing _____ Transportation _____ Child care _____ Financial Help _____ None _____

Financial Information:

11. Will you be working for income while you attend school? Yes _____ No _____

12. What will be your total anticipated income each month during the semester for which you have applied? \$ _____

13. Have you applied for a Pell Grant? Yes _____ No _____

(If NO, you may apply on-line at <http://www.fafsa.ed.gov> or at your educational institution.)

14. Have you previously applied for a LCSPSF Scholarship? Yes _____ No _____

If YES, were you awarded a LCSPSF Scholarship? Yes _____ No _____

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

Housing: Do you receive HUD assistance? Yes_____ No_____ \$ _____
 Utilities: (electric, telephone, gas, water) \$ _____
 Food: Do you receive Food Stamps? Yes_____ No_____ \$ _____
 Transportation: (gas, tires, maintenance) \$ _____
 Insurance Coverage: \$ _____
 Loan Payments: \$ _____
 Clothing, household goods: \$ _____
 Childcare: \$ _____
 Child Support Payments: \$ _____
 Other Expenses: (Please list) \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

16. What are your monthly income and sources? (**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	\$

16. Should you be awarded a LCSPSF Scholarship, what do you anticipate using it for?

19. Please list your employers for the past five (5) years beginning with your present or most recent employer: (include the date(s) you worked for each employer)

Educational Information:

21. List schools attended or training received. Give names and dates: (Example: Gould High School, Diploma 1964; GED, Star City, 1980).

High School or GED _____

Trade or Vocational School _____

College _____

Military _____

22. What college or vocational school do you plan to attend? _____

23. What course of study do you plan to pursue? _____

24. When month and year do you expect to graduate? _____

25. How many credit hours do you plan to take during the semester that you are applying for this LCSPSF Scholarship? _____

For statistical purposes ONLY: Gender: Male _____ Female _____ Race _____

YOU MUST SIGN AND DATE THE FOLLOWING RELEASE STATEMENT:

I agree to provide a copy of my semester grades for which this LCSPSF Scholarship is awarded as soon as this semester is completed and final grades have been received.

I understand that it is my responsibility as a Scholarship recipient to make every effort to attend the Honor Reception that will be held to recognize LCSPSF Scholarship recipients.

I understand that LCSPSF may use my picture and/or name in the local newspaper for publicity purposes regarding my scholarship or educational progress and/or to acquire donations and other funding for the continuation of this scholarship program.

I understand all questions asked on this application and know 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.

I understand that by signing below, I agree to the above.

Applicant Signature

Date

All information pertaining to this application will be kept strictly confidential.

Please return completed application and all required documents to:

**LINCOLN COUNTY SINGLE PARENT SCHOLARSHIP FUND
PO Box 791
Star City AR 71667**

The Lincoln County Single Parent Scholarship Fund scholarship program is open to all eligible applicants regardless of race, color, national origin, religion, gender, age, disability, veteran status, or any other legally protected status.