

Single Parent Scholarship Fund

of Logan County
c/o ARVAC, Inc.
124 N. Elm
Paris, Arkansas 72855
Ph: 479-963-6325



SINGLE PARENT SCHOLARSHIP FUND OF Logan COUNTY

PURPOSE: To develop resources at the local level to enable impoverished single parents to gain marketable skills and achieve self-sufficiency through education.

- REQUIREMENTS:**
1. Have custody of and be responsible for daily care of her/his children under the age of 18;
 2. Be a single head of household (divorced, widowed, separated, never married);
 3. Be a resident of Logan County, Arkansas;
 4. Be a high school graduate or have achieved a GED;
 5. Be enrolled in (or accepted by) a public or private nonprofit post-secondary school in a program providing marketable skills to achieve self-sufficiency and a better standard of living;
 6. Be a recipient of or applying for a Pell Grant;
 7. Maintain a 2.5 GPA for scholarship renewal; and

INSTRUCTIONS:

A. **If you are re-applying after receiving a scholarship the previous semester:**

1. Fill out the first page of the application.
2. Provide latest grade statement.
3. Provide proof of enrollment.

B. **Each applicant who did not receive a scholarship the previous semester must submit the following on or before the application deadline.**

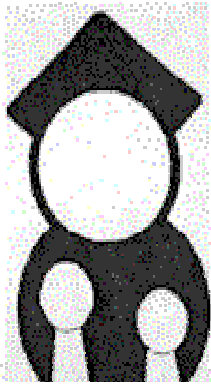
Each applicant must submit the following on or by the application deadline:

- (1) Attached application form filled out in ink or typed;
- (2) Proof of enrollment or acceptance (Example: letter from Registrar);
- (3) Transcript of high school or college work (whichever is most recent);
- (4) Three letters of recommendation (work, school, or personal); (From non-relatives)
- (5) Number of anticipated hours attempted per semester.
- (6) Applicant's statement of goals, why particular course of study chose, why scholarship needed, and other information about yourself which might be helpful in evaluating your application (not to exceed 2 pages).
- (7) Second summer term: Do not complete steps 1-6. The only requirements are 1) copy of registration and 2) letter of intent.

MAIL APPLICATION FORM AND ALL REQUIRED ATTACHEMENTS TO:

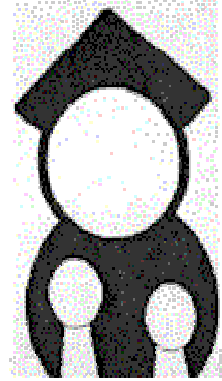
Single Parent Scholarship Fund of Logan County
c/o ARVAC, Incorporated
P. O. Box 808
Dardanelle, AR 72834

APPLICATION DEADLINE: July 15th for Fall; Dec. 1st for Spring.
May 1 for Summer I or II



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SCHOLARSHIP APPLICATION

1. Name: _____ Social Security Number: _____
2. Mailing Address: _____
3. Home or Message Phone Number: _____ Work Number: _____
4. Date of Birth: _____ Emergency Number: _____

Education Information

5. List names and dates of school attended or training received. (Example: Ole Main High School, Diploma, 1972)

 High School or GED: _____
 Trade or Vocational School: _____
 College: _____
 Military: _____
6. School you will attend: _____
7. Course of Study: _____ Expected grad. date: _____
8. Single _____ Divorced _____ Separated _____ Widowed _____
9. Including yourself, how many individuals depend on you for financial support? _____
10. Ages of your children: _____
11. Does anyone else share your household expenses with you on a regular basis?
 Yes _____ No _____ (If yes, what?) _____
12. For what costs will you use this scholarship? Tuition _____ Books _____
 Food _____ Clothing _____ Housing _____ Child Care _____
 Utilities _____ Medical/Dental _____ Other _____.

13. Are you and your children covered by any health insurance? Yes _____
No _____
14. Total household income for past 12 months: \$ _____.
15. Total anticipated income each month during upcoming school term: _____
16. Will you work while in school? Yes _____ No _____ Number of hrs. per week: _____
17. In Column A, list amount of income in the past 12 months by source.
In Column B, list amount of income you will have while in school.

	Column A (Last Year)	Column B (Coming Year)
Work or Work/Study	\$ _____	\$ _____
AFDC	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Reserve Armed Forces	\$ _____	\$ _____
Rehabilitation/SSI/SSDI	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Family or Friends	\$ _____	\$ _____
HUD Rental Assistance	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Loans	\$ _____	\$ _____
VA	\$ _____	\$ _____
Pell Grant	\$ _____	\$ _____
Scholarships/Other Grants	\$ _____	\$ _____
Other (Please list) _____	\$ _____	\$ _____
 TOTAL	 \$ _____	 \$ _____

18. List amount of average monthly expenses:

Housing	\$ _____
Utilities	\$ _____
Food	\$ _____
Transportation	\$ _____
Child Care	\$ _____
Insurance	\$ _____
Medical Costs	\$ _____

Clothing/Household Goods	\$ _____
Other (Please list) _____	\$ _____
TOTAL	\$ _____

19. Amount of tuition per semester: _____
20. Have you applied for a Pell Grant? Yes _____ No _____
21. Have you previously applied for a Single Parent Scholarship? Yes _____
 No _____
 When? Year _____ Semester _____
 Year _____ Semester _____
 Year _____ Semester _____
 Year _____ Semester _____

22. List your employment during the past five years, beginning with the most recent.

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

The information given on this application is true and correct to the best of my knowledge and belief. I understand that any material misrepresentation or deliberate omission of a fact in my application (and/or interview, if applicable) may be justification for denial of or, if a recipient, termination of scholarship assistance by ARVAC's Single Parent Scholarship Fund Program.

_____	_____
(Applicant's Signature)	(Date)

Return to:

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