

**SINGLE PARENT SCHOLARSHIP FUND
OF LONOKE COUNTY**

PO Box 604
Lonoke, AR 72086

MISSION STATEMENT:

To provide supplemental financial assistance (up to \$500.00 per semester) to those single parents who are pursuing a course of instructions that will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, child care, etc. **Applicants must complete a new application for each semester a scholarship is applied for.**

CRITERIA:

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

1. Resident of Lonoke County, Arkansas
2. High school graduate or equivalent (may apply if enrolled in college or in process of obtaining a GED.)
3. Single head of household (single, legally separated, divorced, widowed) with primary physical custody of a child under the age of eighteen (18).
4. Pursuing a vocational undergraduate course of study (full or part-time) to ensure a better standard of living for his/her family. Applicants cannot have earned an undergraduate degree with the exception of those pursuing a Master of Arts in Teaching.
5. Low-income person at or near the poverty level.
6. Apply for a Pell Grant with proof of status.
7. Returning applicants must have a minimum 2.5 G.P.A. or academic test equivalency.
8. **All documentation must be present before the deadline in order for the application to be considered complete.**

APPLICATION:

Each applicant must submit the following:

1. Single Parent Scholarship Application, **COMPLETELY** filled out in blue or black ink, must be legible, must be printed or typed.
2. Verification of college/school enrollment or acceptance (letter from educational institution acknowledging current enrollment and active participation).
3. Proof of income.
4. Transcripts (or copy) of high school or college work (whichever is more recent).
5. Letter from Financial Aid Officer of educational institution stating Pell approval or denial.
6. Two (2) letters of recommendation from people who are familiar with your character and goals. Please do not use relatives as references. Letters must be dated, signed in ink by the person writing the letter and must include their address and telephone number.
7. Goal statement is to be written on a separate sheet of paper with no less than 90 words. (Please print in blue or black ink or type.)
8. **FAXED APPLICATIONS ARE NOT PERMITTED.**

Were you awarded a Single Parent Scholarship? Yes No

If yes, when? _____

B: EDUCATIONAL INFORMATION

1. List school(s) attended or training received. Give names and dates.
(Example: Lonoke High School, Diploma 1964; GED Adult Ed. 1980)

High School or GED _____
Trade/Vocational School _____
College _____
Military/Other _____

2. What college or school are you enrolled in for this scholarship period? _____
3. What course of study (major) do you plan to pursue? _____
4. Number of hours completed toward degree/diploma? _____
When do you expect to graduate? _____
5. Will you be a full-time or part-time student? Full-time Part-time
6. How many hours are you taking or planning to take this semester? _____

C: FINANCIAL INFORMATION

1. What are your monthly expenses? (Please list dollar amount(s))

Housing	\$	_____
Utilities (electric, gas, phone, water)	\$	_____
Food	\$	_____
Transportation (gas, maintenance)	\$	_____
Insurance coverage (car, medical)	\$	_____
Loan payments	\$	_____
Medical (check-ups, dentist, etc.)	\$	_____
Household goods, clothing	\$	_____
Child care	\$	_____
Other (credit cards, rent-to-own, etc.)	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total (average) Monthly expenses	\$	_____

2. Are you covered by any health or medical insurance? Yes No
3. Will you be employed while you go to school? Yes No
4. Please list sources of income in \$ figures, if you derived income from that source in the last twelve (12) months. **Please include all sources such as food stamps, HUD, other scholarships, etc.**

	\$ Per Month	\$ Per Year
Employment	_____	_____
Work Study	_____	_____
Reserves	_____	_____
Unemployment	_____	_____

Social Security	_____	_____
Rehabilitation	_____	_____
HUD	_____	_____
TEA Assistance	_____	_____
Child Support	_____	_____
Food Stamps	_____	_____
Loans	_____	_____
V.A.	_____	_____
Scholarship	_____	_____
Pell Grant	_____	_____
Family/Friends	_____	_____
Other Grants	_____	_____
Other sources	_____	_____
Total household income	_____	_____

Please list other grants/sources of income _____
Please note any significant changes in income or expenses expected in the next twelve (12) months: _____

5. Have you ever applied for a Pell Grant? Yes No
Have you been granted a Pell Grant? Yes No
If yes, please list the amount (per semester) \$ _____

6. What expenses do you anticipate using the Single Parent Scholarship for?

7. Please list your employers for the past five years – begin with your present, or most recent, employer.

Name of Employer	Address	Job Title	From - To

If you have not been employed outside the home, list some of your major home and community activities:

D: ADDITIONAL REQUIREMENTS

1. Have two (2) people (**not related to you**) send letters of reference to the Scholarship Committee. They need to be familiar with your life experiences and with your character.
2. 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.
3. Attach a copy of your high school diploma or college transcript (or GED certificate and test scores) to the application.

E: VERIFICATION

YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW

By my signature I certify that the information on this application is true and correct to the best of my knowledge. I understand that the Single Parent Scholarship Fund of Lonoke County Scholarship Candidate Review Committee may ask for verification of this information through collateral contacts and that it is my responsibility to provide verification requested by the Single Parent Scholarship Fund of Lonoke County Scholarship Candidate Review Committee. I hereby give permission for all information related to my financial aid to be released, upon request, to the Single Parent Scholarship Fund of Lonoke County Board and Scholarship Candidate Review Committee or its representatives.

I understand all questions on this application and realize that omitting information, giving false information, or failing to provide adequate verification when asked may result in my application being denied and that such actions may impact consideration for future applications.

Signature

Date

**Mail application to:
SINGLE PARENT SCHOLARSHIP FUND
OF LONOKE COUNTY
PO Box 604
Lonoke, AR 72086**