

SINGLE PARENT SCHOLARSHIP FUND OF LONOKE COUNTY

P O Box 604
Lonoke AR 72086

STATEMENT OF PURPOSE:

To provide supplemental financial assistance (up to \$500 per semester) to those single parents who are pursuing a course of instruction 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 sought.**

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 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 vocationally oriented undergraduate course of study (full or part-time) to ensure a better standard of living for his/her family. Applicants cannot already 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 applicant must have at least a 2.5 G.P.A. or academic test equivalency.
8. **All documentation must be present by 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 ink, 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. ****Three (3) typed** letters of recommendation from people who are familiar with your character and goals. Please do not use relatives as references.
7. ****A statement of your goals.**
8. **FAXED APPLICATIONS ARE NOT PERMITTED.**

APPLICATION DEADLINE:

FALL SEMESTER - July 15

SPRING SEMESTER – December 15

SEMESTER APPLYING FOR: _____ SPRING _____ FALL

APPLICATION FOR SCHOLARSHIP

A: PERSONAL INFORMATION

1. Full Name _____ S.S.N. # _____
2. Mailing Address: _____
(Street) (City) (Zip)
3. Residential Address: _____
(if different from above)
4. Home Ph. # _____ Work # _____ Message # _____
5. Current Age _____ Date of Birth _____
6. **How long have you been a Lonoke County resident?** _____
7. Marital Status: (please circle one)
SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED
8. Including you, how many individuals are dependent on you for financial help or support? ____
9. Please list the ages of your children _____
10. Is anyone sharing your household expenses with you? YES _____ NO _____
11. Do you have relatives living in the area? YES _____ NO _____
If yes, what assistance do they provide you? (check all that apply)
_____ Housing _____ Transportation _____ Childcare
_____ Financial Help _____ Other _____ None
12. Have you previously applied for a Lonoke County Single Parent Scholarship?
YES _____ NO _____
Were you awarded a Single Parent Scholarship? YES _____ NO _____
If Yes, when ? _____

B. EDUCATIONAL INFORMATION:

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

High School or GED: _____

Trade or Vocational School: _____

College _____

Military/Other _____

2. What college or school will you attend? _____
Currently enrolled? YES _____ NO _____
3. What course of study do you plan to pursue? _____
4. When do you expect to graduate? _____
5. Number of credit hours already completed toward degree/diploma _____
7. Will you be a full-time or part-time student? FULL _____ PART _____
8. How many hours do you plan to carry? _____

C. FINANCIAL INFORMATION:

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

Housing	\$ _____
Utilities (electric, gas, phone, water)	\$ _____
Food	\$ _____
Transportation (gas, tires, maintenance)	\$ _____
Insurance coverage	\$ _____
Loan payments	\$ _____
Monthly payments	\$ _____
Clothing, household goods	\$ _____
Medical cost (check ups, dentist, etc.)	\$ _____
Child care	\$ _____
Other expenses (please list)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$

2. Are you covered by any health or medical insurance? YES _____ NO _____
3. Will you be working for income while you go to school? YES _____ NO _____
4. Please list sources of income in \$ figures in **Column A** if you derived income from that source in the LAST 12 months. In **Column B**, list the \$ amount of sources of income that you will derive income from in the next 12 months. **If Column B is not completed, we cannot process process your application.** PLEASE INCLUDE ALL SOURCES SUCH AS FOOD STAMPS, HUD, OTHER SCHOLARSHIPS, ETC.

COLUMN A
Income last year
(past 12 months)

COLUMN B
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				

Other Grants (please list) _____

Other Income _____

NOTE: Please include anything else about your financial situation that would be helpful in evaluating your application.

Total household income for the past 12 months \$ _____

Total household income for the next 12 months \$ _____

5. Have you applied for a Pell Grant? YES _____ NO _____
 Have you been granted a Pell Grant? YES _____ NO _____
 If yes, give amount (per semester) \$ _____

6. For what types of costs do you anticipate using the Single Parent Scholarship?

7. Please list your employers for the past five years beginning 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. Please have three people (**not related to you**) send letters of reference to the Scholarship Committee. They should be familiar with your life experiences and with your character.
2. Please 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. Please attach a copy of your high school diploma or college transcript (or GED certificate and test scores) to the application.

YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW.

VERIFICATION

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.

 Signature of Applicant

 Date