

SINGLE PARENT SCHOLARSHIP FUND
of Marion County
P.O. BOX 1147
YELLVILLE, AR 72687

SCHOLARSHIP APPLICATION

STATEMENT OF PURPOSE

The purpose of the Single Parent Scholarship is to provide supplemental financial assistance to those single parents who are pursuing a course of instruction that will improve their income-earning potential. Scholarships may be used for utility bills, car maintenance, childcare, or any other financial need that contributes to the recipient's success in school.

AVAILABILITY OF SCHOLARSHIPS

Single Parent Scholarships are distributed three times a year. The application deadlines are as follows:

Spring Semester - January 10
Summer Semester - June 10
Fall Semester - September 10

Scholarship checks can only be made out to a provider of services chosen by the student and approved by the scholarship board to meet the needs of the student. Examples of service providers include landlords, childcare providers, utility companies, and insurance companies. Scholarship checks cannot be made out to relatives of the recipients.

Applicants may reapply for each semester they are attending school, but they **must fill out a renewal (short form)** application for each semester a scholarship is sought.

CRITERIA FOR SCHOLARSHIPS

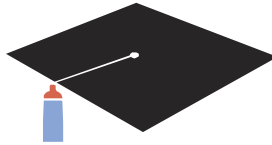
Applicants for scholarships should meet all of the criteria listed. However, partial scholarships and certificate programs will be considered on an individual basis.

1. Be a resident of Marion County, Arkansas
2. Have successfully completed a minimum of 6 college credit hours (not college prep hours)
3. Be a single (unmarried, divorced, or widowed) head of household
4. Be a parent of at least one child 18 years of age or younger who lives with you
5. Be a low-income person at or near the poverty level
6. Be a recipient of, or awaiting the results of an application for, a Pell Grant
7. Pursue a career-oriented course of study (full time) to ensure a better standard of living for his/her family. (Applicants cannot have already earned an undergraduate degree with the exception of those pursuing a Master of Arts in teaching.)
8. Maintain a minimum of 12 hours of coursework excluding college preparatory classes throughout the fall and spring semesters. Students who drop below 12 hours may face the loss of funds for subsequent semesters.

MATERIALS TO SUBMIT TO THE ADDRESS ABOVE PRIOR TO THE DEADLINE

1. A completed application
2. A copy of your high school transcript (or GED certificate and test scores) and your most recent college transcript.
3. An official class schedule for the semester for which you are applying.
4. 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 Scholarship Board in its evaluation.
5. Three letters of recommendation from persons to whom you are unrelated (examples: employer, teacher, school counselor, minister or priest, civic or community leader). These letters of recommendation should be from individuals familiar with your life experiences and character.

Keep this page for your records. Date application, transcripts, class schedule, personal statement, and letters of recommendation were submitted: _____



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PLEASE PRINT IN INK OR TYPE ALL INFORMATION. _____ CALENDAR YEAR

Please mark the semester you are applying for: _____ SPRING (Deadline January 10)

_____ SUMMER (Deadline June 10)

_____ FALL (Deadline September 10)

A. PERSONAL INFORMATION

1. Full Name _____ SS# _____

2. Mailing Address _____ City _____ State _____ ZIP _____

3. Residential Address (if different from above) _____

City _____ State _____ ZIP _____

4. Home Phone _____ Work Phone _____ Message Phone _____

email address: _____

5. Current Age _____ Date of Birth _____

6. Marital Status (Check one and indicate date if requested)

_____ SINGLE (NEVER MARRIED) _____ DIVORCED _____ (DATE) _____ WIDOWED

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

8. Please list the following information for each of your children as of today's date:

NAME	AGE	BIRTHDATE	SEX
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. For match-grant statistics only, please indicate your gender: _____ Male _____ Female

10. For match-grant statistics only, please check one that applies to you:

_____ Caucasian _____ Native American _____ Hispanic _____ Asian _____ Black American

11. Have you previously applied for a Single Parent Scholarship in Marion or any other county? _____ YES _____ NO

Were you awarded the scholarship? _____ YES, _____ NO.

If YES, when and what county? _____, _____

BACKGROUND INFORMATION

List names and dates of schools attended or training received. Identify degree or number of credits earned. (Examples: Flippin High School, Diploma 1989; GED Yellville 1985; ASU 1990-91, 12 credits).

High School or GED _____

Trade or Vocational School _____

College _____

Military/Other _____

C. CURRENT INFORMATION -Use information current as of the application deadline.

1. What college are you attending? _____
2. How many credit hours have you completed? _____
3. How many credit hours are you enrolled in? _____
4. What course of study (major) or vocation are you pursuing? _____
5. When do you expect to graduate? _____ With what degree? _____

D. EMPLOYMENT INFORMATION

1. Are you working for income while attending college? ____ YES ____ NO
2. If YES, please complete the following:

Number of hours of work per week _____ Position _____

Employer _____

Employer's Address _____

Supervisor's Name and Phone Number _____

3. Please complete the following for your last three employers, beginning with the most recent. If you completed D.2., above, do not repeat that information here:

- A. Dates of employment from _____ to _____
Number of hours of work per week _____ Position _____
Employer _____
Employer's Address _____
- B. Dates of employment from _____ to _____
Number of hours of work per week _____ Position _____
Employer _____
Employer's Address _____

C. Dates of employment from _____ to _____

Number of hours of work per week _____ Position _____

Employer _____

Employer's Address _____

4. If you have not been employed outside the home in the past two years, please list the interests/hobbies and community activities in which you have been involved:

E. FINANCIAL INFORMATION

1. You **must** apply for a Pell Grant to receive the scholarship. Have you applied? ___ YES ___ NO

2. Have you received your Pell Grant? ___ YES ___ NO If YES, list the amount/semester _____

3. **If you receive the Single Parent Scholarship, the check will be made to a provider of services chosen by you and approved by the Scholarship Board.** Examples of service providers include a utility company; an insurance company, or a childcare provider. Please indicate your provider of services and the type of service they will provide:

4. Are you covered by any health or medical insurance? ___ YES ___ NO

5. Please list dollar amounts showing your average monthly expenses for the following items:

Housing \$ _____

Utilities (electric, gas, phone, water) \$ _____

Food \$ _____

Transportation (gas, tires, maintenance) \$ _____

Auto insurance and auto payment \$ _____

Childcare \$ _____

Clothing, household goods/toiletries \$ _____

Healthcare expenses (medical, dental, etc.) \$ _____

Other _____ \$ _____

Other _____ \$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

Please list sources of income in \$\$ figures in **COLUMN A** if you received income from that source in the LAST 12 months. List sources of income in \$\$ figures in **COLUMN B** if you expect to receive income from that source within the NEXT 12 months.

SOURCE OF INCOME	COLUMN A (LAST 12 Months)		COLUMN B (NEXT 12 Months)	
	PER MONTH	PER YEAR	PER MONTH	PER YEAR
Employment				
Unemployment				
Work Study				
Armed Forces Reserve				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA Assistance				
Child Support				
Food Stamps				
Veteran's Administration				
Loans				
Scholarships				
Pell Grants				
TOTALS				

7. List any other sources of income, including grants, scholarships, or loans:

F. APPLICATION CERTIFICATION – Please initial the statements below, indicating that you agree to the statement.

_____ I understand that I am applying for scholarship support from the Marion County Single Parent Scholarship Fund (MC/SPSF), a private, non-profit organization. I certify that I am the person for whom this application is submitted.

_____ I understand the eligibility criteria and application guidelines of MC/SPSF as stated on the cover page of this application.

_____ I understand that I must reapply each semester on a short renewal form to continue to receive a scholarship from MC/SPSF.

_____ I hereby give permission for all financial and academic information related to my application to be released to MC/SPSF.

_____ I agree to provide follow-up information (i.e., race, income, employment status, etc.) to MC/SPSF after I am no longer receiving scholarship awards. I understand this is for research purposes to help secure funding from various state agencies.

_____ I hereby certify that I am currently attending _____ semester hours of classes at _____ (name of college).

_____ I certify that I am legally single and have custody of at least one minor child.

_____ I hereby give permission for MC/SPSF to use information about my background, experiences, and academic accomplishments in promotional materials. This includes pictures taken of me and my children or any reproduction of these pictures. The pictures may be used in illustrations, advertisements, or news articles to raise awareness of the scholarship program and to obtain funding for continuation of the program. I understand that my choice NOT to initial this statement will have no impact on my scholarship eligibility.

_____ I am willing to participate in speaking engagements to help promote awareness of MC/SPSF programs and services. I understand that my choice NOT to initial this statement will have no impact on my scholarship eligibility.

My anticipated graduation date is: _____ (month and year).

My provider of services for the semester for which I am applying is _____. (Refer to cover sheet if you do not understand what to put here.)

The service being provided is _____.

Signature _____

Date _____

Return this form prior to the deadline for the semester for which you are applying to MC/SPSF, P .O. Box 1147, Yellville, AR 72687. **Be sure to enclose your previous transcript and your class schedule for the semester for which you are applying. Refer to the cover page for other items which must be included as part of your application.**