

SINGLE PARENT SCHOLARSHIP SCHOLARSHIP FUND APPLICATION

Of Miller and Bowie COUNTIES

1915 Olive Street, Texarkana, Texas 75503 903 798-3211 Fax 903 798-3213

Applicant name: _____

Program of study: _____

ABOUT OUR SCHOLARSHIP

The Single Parent Scholarship Fund reviews applications once each year. To be considered for a scholarship for the upcoming academic year, students must postmark or deliver their applications by June 1 for the fall semester and November 15 for the spring semester. Mail or deliver completed application to: *1915 Olive, Texarkana, Texas 75503.*

Students chosen to receive the scholarship will be awarded **\$750 for taking 12 hours and \$375 for taking fewer than 12 hours**, contingent upon continued eligibility and fund availability. Scholarship recipients must document their eligibility (most recent grades, full-time enrollment status, participation in the mentoring program, etc.) before receiving the second scholarship in January.

Unlike many scholarship programs, SPSF establishes an “account” for scholarship recipients. Students can draw from their account for approved expenses such as tuition, books, rent or mortgage, car repairs, utility companies and childcare. SPSF will write checks to the vendor for approved expenses (i.e., landlord, university or daycare). More specific guidelines will be provided to students who receive the award.

CRITERIA

Applicants who have obtained a Bachelor’s Degree are not eligible. Single parents selected for financial assistance must meet the Federal Guidelines for low-income families. Please answer the following questions by filling in the blank or circling the correct answer:

- Are you a resident of Miller ____ or Bowie ____ county?
- Are you a single parent, with legal custody and have *sole* responsibility for the daily care of at least one child under the age of 18 years? **YES or NO**
- Do you have a High School Diploma or its equivalent? **YES or NO**
- If already attending school, do you have at least a 2.0 GPA for the most recent semester and have you maintained at least a 2.0 cumulative GPA? **YES or NO**
- Are you eligible for the Pell Grant? **YES or NO**
- Are you enrolled (or **planning to enroll**) full time (12 hours) or part-time (fewer than 12 hours) in an undergraduate degree program within a 30 mile radius of Texarkana, AR or TX or online at an institution within a 30 mile radius of Texarkana? If so, what school _____?

- ❖ **If you answered NO to any of the questions above, you are NOT eligible to apply for the Single Parent Scholarship Fund of Miller and Bowie Counties.**
- ❖ **Check these websites for more scholarship information: <http://www.aspsf.org>, www.arkansasconnection.org or <http://texas.uscity.net/Scholarships>.**
- ❖ **If you are unsure if your particular degree plan qualifies, feel free to call 870-773-8811.**
- ❖ **Unfortunately, not all qualified applicants will be selected to receive the scholarship.**

SINGLE PARENT SCHOLARSHIP FUND OF MILLER AND BOWIE COUNTIES

NEW APPLICANTS FORM

PLEASE READ THE FOLLOWING:

- Please complete every blank; incomplete applications ***WILL NOT*** be considered.
- Applications must be postmarked by June 1 for the fall semester and November 15 for the spring semester.
- The Single Parent Scholarship is a competitive scholarship. Not all qualified applicants will be selected.

NEW APPLICANTS ARE REQUIRED TO SUBMIT:

___ **Completed *NEW APPLICANT form*:** return form to the address listed below. Applications (pages 3-7) must be postmarked by June 1 for the fall semester and November 15 for the spring semester.

___ **Personal narrative:** describe your goals, course of study and why the scholarship is needed.

___ **Proof of enrollment:** must be for the appropriate semester (a letter of acceptance is acceptable)

___ **Official school transcript**

___ **Three (3) letters of recommendation:** one letter may be from a family member; the other two must be from a professional, academic or non-family reference.

___ **Federal tax return:** attach a copy of the first page of your most recent federal tax return.

___ **Pell Grant:** attach a copy of your **Student Aid Report (SAR)** or other proof that you have applied for it. (You can go online at www.fafsa.ed.gov to print a copy of your SAR)

Prior to scholarship award, each student recommended to receive the award must submit a class schedule for the semester to be covered by the scholarship and a copy of final grades from the most recent semester (if recipient was in school).

RETURN APPLICATION AND REQUIRED INFORMATION TO:

**Single Parent Scholarship Fund of Miller and Bowie Counties
1915 Olive
Texarkana, TX 75503**

To prevent the impression of a conflict of interest, SPSF Board Members, SPSF Advisory Committee Members, SPSF Staff Members and their immediate relatives are ineligible to receive and will not knowingly be awarded a Single Parent Scholarship.

**SINGLE PARENT SCHOLARSHIP FUND
OF MILLER AND BOWIE COUNTIES**

1915 Olive
Texarkana, TX 75503
903 798-3211

NEW APPLICANT (Print or Type)

*Please complete every blank. **Incomplete applications WILL NOT be considered.** Applications must be postmarked by June 1 for the fall semester and November 15 for the spring semester, to be considered for the upcoming academic year.*

School term you are applying for Fall Spring 20_____

SSN # _____

Name: _____

Address: _____

City: _____ State: AR/TX Zip Code: _____

Phone # _____ Work # _____ Message # _____

Email address _____ Cell Phone # _____

Date of Birth ____/____/____ Age: _____

Current marital status: Never Married Divorced Legally Separated Widowed

How many children do you have legal custody of and sole responsibility for the daily care?__

Names & Ages of these children _____

EDUCATION

Please list the names, dates of attendance, and level of training received.

NAME OF SCHOOL	DATE ATTENDED	GRADUATED	DIPLOMA OR CERTIFICATE
Example: Mills High School	2007-2008	Yes	Yes

EMPLOYMENT

Will you work while attending school next semester? [] Full-Time [] Part-Time [] No

Please list your current or most recent employment:

Employer _____

Address _____

City _____ State _____ Zip Code _____

Job Title _____

Telephone Number _____ Number of hours per week _____

FINANCIAL STATUS

Have you ever received a scholarship from this organization? _____ If yes, when? _____

Do you receive financial assistance for childcare from the state? [] Yes [] No

Are you a TEA/TANF Client? [] Yes [] No

Have you applied for a Pell Grant and other scholarships? (Attach separate sheet if necessary):

Financial Aid Applied For	Have you received an award letter	Dollar Amount Awarded
Example: Pell Grant	Yes/No	\$1,500.00

Approximate School Costs: Tuition _____ Books _____ Fees _____ Supplies _____

ACADEMIC STATUS

What school will you attend next term? _____

Major: _____ Anticipated Graduation Date: _____

Number of semester hours that you will be enrolled during the next term: _____

What year of study will you be in? [] Freshman [] Sophomore [] Junior [] Senior

What is your current GPA? _____ What is your Cumulative GPA? _____

(Please attach your most recent official transcript. If you do not have a transcript, please contact a school official for this information.)

MONTHLY INCOME REPORT

(Please attach a copy of your most recent pay stub to verify income)

GROSS MONTHLY INCOME

MONTHLY EXPENSES

From Working _____

Medical/Dental _____

Housing Assistance _____

Rent/Mortgage _____

Utility Assistance _____

Utilities _____

TEA/TANF _____

Credit Cards _____

Food Stamps _____

Food _____

Child Care Assistance _____

Child Care _____

Child Support _____

Clothing _____

Family Contributions _____

Telephone _____

Other _____

Transportation _____

Total* Income _____

Other _____

Total** Expenses _____

*Total Income	\$ _____
**Total Expenses	\$ _____
<i>Difference (please subtract your Expenses from your income.)</i>	\$ _____
This box must be completed.	

Applicant Signature _____

Date _____

An Equal Opportunity Program. Auxiliary aids and services available upon request to individuals with disabilities.

Memorandum of Understanding

I am applying for a scholarship to be awarded by the Single Parent Scholarship Fund of Miller and Bowie Counties. (SPSF). I understand that SPSF is a private, non-profit organization founded on the principle of enabling high potential, low-income single parents of Miller and Bowie Counties a chance to pursue their dreams of a college education. This is achieved by providing financial assistance, mentoring and other support services.

I understand the following:

1. SPSF has certain requirements for eligibility that must be met before I may be awarded a scholarship.
2. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit any remaining scholarship funds.
3. Not all applicants who meet eligibility requirements may be awarded a scholarship.
4. If I am only taking 12 hours, I may not drop a course without adding another course. Should I need to drop below full-time enrollment status, I **WILL** contact SPSF staff **before** dropping the class.
5. If I drop below full time or out of school for any reason, marry or move out of Miller or Bowie County, I lose all rights to remaining awarded funds.
6. The status of program funds and/or eligibility may change without notice.
7. I will participate in one fundraiser per semester to raise funds for SPSF.

If I am awarded a scholarship or if I should become ineligible to receive a scholarship or any part thereof, I do waive any cause of action that I may have against SPSF, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document SPSF, its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason or not receiving a scholarship.

Applicant Signature

Date

I understand that the Single Parent Scholarship Fund of Miller and Bowie Counties is required to verify all information provided to determine eligibility for assistance. I hereby agree to allow contact with other agencies, individuals, or organizations to share information regarding my case and compliance. It is also my understanding that the SPSF staff members, board members, and/or volunteers, will work with the college I plan to attend on my behalf and has my permission to obtain access to my past, current and future school records.

Applicant Signature

Date

Single Parent Scholarship Fund of Miller and Bowie Counties

Applicant's name _____

Course of study _____

**IMPORTANT INFORMATION
PLEASE READ THE FOLLOWING CHECK-LIST
BEFORE SUBMITTING APPLICATION**

**Please ensure that you include the following:
(Incomplete applications will not be considered.)**

____ Completed application pages 3 through 7.

____ Personal narrative including goals, course of study and why the scholarship is needed.

____ Proof of enrollment or acceptance into an *institution of higher learning* (see cover sheet of application).

____ Your most recent official transcript

____ Three letters of recommendation (one letter may be from a family member. Two letters must be from professional and/or non-family members.)

____ Copy of first page of most recent tax return.

____ Copy of your Student Aid Report (SAR) or other proof that you have applied for and/or are receiving the PELL GRANT

____ Signed Memorandum of Understanding (page 6)

I attest that the information provided on this application and in the *Memorandum of Understanding* is true and correct to the best of my knowledge and belief. I understand that any material misrepresentation or deliberate omission of information on my application or in the interview may be justification for denial of or termination of scholarship assistance by the Single Parent Scholarship Fund of Miller and Bowie Counties.

Signature

Date

For office use only

GPA _____

Previous Recipient

Yes / No

Comments: _____