

# NEW STUDENT APPLICATION

# SINGLE PARENT SCHOLARSHIP FUND

Of Miller and Bowie COUNTIES

P.O. Box 657, Texarkana, Texas 75504

Contact: Jennifer London (903)831-6222 or [jennifer-london@att.net](mailto:jennifer-london@att.net)

Name \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

## ABOUT OUR SCHOLARSHIP

The Single Parent Scholarship Fund reviews applications three times each year. To be considered for a scholarship for the upcoming academic year, students must postmark or deliver their applications by the following deadlines:

- **Fall semester: August 10<sup>th</sup>**
- **Spring semester: January 10<sup>th</sup>**

Mail completed application to: **PO Box 657, Texarkana, Texas 75504.**

Contingent upon continued eligibility and fund availability, students chosen to receive the scholarship will be awarded a check in the amount of **\$500 for full-time enrollment (12 hours) and \$250 for part-time enrollment (less than 12 hours)**. Each semester, **scholarship recipients must show proof of eligibility (divorce decree [if applicable], most recent grades, full-time enrollment status, participation in the mentoring program, appear for a face-to-face interview, and attend an awards ceremony to receive your scholarship).**

## CRITERIA

*Applicants who have obtained a Bachelor's Degree are not eligible with the exception of those pursuing a Master's Degree in Teaching.* Single parents selected for financial assistance must meet the Federal Guidelines for low-income families.

Please answer the following by **CIRCLING** THE CORRECT ANSWER BELOW:

1. Are you a **resident** of: **Miller County** or **Bowie County**
2. Are you a **single parent with majority custody of at least one child under the age of 18 and designated as the primary caregiver**. YES or NO
3. Do you have a **High School Diploma** or **GED equivalent**? YES or NO
4. Do you have a **GPA of at least 2.0**? YES or NO
5. Are you enrolled or planning to enroll in an undergraduate degree program? YES or NO  
➤ If yes, what school will you be attending? \_\_\_\_\_
6. Have you applied for or received a **Federal Pell Grant** through [www.fafsa.ed.gov](http://www.fafsa.ed.gov)? YES or NO

(IF YOU CIRCLED NO ON QUESTIONS 2- 6, YOU ARE NOT ELIGIBLE TO RECEIVE THIS SCHOLARSHIP.)

☞ Check these websites for other scholarships you may qualify for:

- [http://www.aspsf.org/students\\_ot scholarships.html](http://www.aspsf.org/students_ot scholarships.html)
- [https://www.ark.org/adhe\\_financialaid/login.aspx](https://www.ark.org/adhe_financialaid/login.aspx)
- <http://texas.uscity.net/Scholarships>

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# SINGLE PARENT SCHOLARSHIP FUND OF MILLER AND BOWIE COUNTIES

## NEW STUDENT APPLICATION FORM

### PLEASE READ THE FOLLOWING:

- Please complete every blank; incomplete applications **WILL NOT** be considered.
- Applications must be postmarked by the deadlines listed on page 1.
- 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.
- \_\_\_ **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).
- \_\_\_ **Proof of divorce decree** (if applicable).
- \_\_\_ **School transcript** (official or unofficial).
- \_\_\_ **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. Go online at [www.fafsa.ed.gov](http://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**  
**PO Box 657**  
**Texarkana, Texas 75504**

*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.*

**NEW STUDENT APPLICATION**

**SINGLE PARENT SCHOLARSHIP FUND**

**OF MILLER AND BOWIE COUNTIES**

**P.O. Box 657~ Texarkana, TX 75503**

**Contact: Jennifer London (903)831-6222 or [jennifer-london@att.net](mailto:jennifer-london@att.net)**

**NEW STUDENT APPLICATION FORM** (Print or Type)

*Please complete every blank. Incomplete applications WILL NOT be considered.*

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 (attach decree) [ ] 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	DATES 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 transcript. If you do not have a transcript, please contact a school official for this information.)**

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

# MONTHLY INCOME REPORT

Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

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

## GROSS MONTHLY INCOME

From Working \_\_\_\_\_  
Housing Assistance \_\_\_\_\_  
Utility Assistance \_\_\_\_\_  
TEA/TANF \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
Child Care Assistance \_\_\_\_\_  
Child Support \_\_\_\_\_  
Family Contributions \_\_\_\_\_  
Other \_\_\_\_\_  
Total\* Income \_\_\_\_\_

## MONTHLY EXPENSES

Medical/Dental \_\_\_\_\_  
Rent/Mortgage \_\_\_\_\_  
Utilities \_\_\_\_\_  
Credit Cards \_\_\_\_\_  
Food \_\_\_\_\_  
Child Care \_\_\_\_\_  
Clothing \_\_\_\_\_  
Telephone \_\_\_\_\_  
Transportation \_\_\_\_\_  
Other \_\_\_\_\_  
Total\*\* Expenses \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature  
\_\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date

<b><u>FOR OFFICE USE ONLY:</u></b>
Comments
_____
_____
_____

<b><u>FOR OFFICE USE ONLY:</u></b>
Reviewed by: _____
GPA _____
New Recipient ☞ Yes / No
Personal Narrative ☞ Yes / No
Letters of Recommendation (3) ☞ Yes / No
Transcript(s) ☞ Yes / No
Tax Return ☞ Yes / No
Student Aide Report (SAR) ☞ Yes / No
Divorce Decree ☞ Yes / No / N/A
Completed Application ☞ Yes / No
Scholarship: APPROVED / DENIED

**Memorandum of Understanding**

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

Name \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

I am applying for a scholarship to be awarded by the Single Parent Scholarship Fund of Miller and Bowie Counties (SPSF/ MBC). I understand that SPSF/ MBC 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 future funding.**
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 the hourly requirements of my scholarship or drop out of school for any reason, marry or move out of Miller or Bowie County, I lose all rights to future awards.
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.
8. Any photos (including photos of my children) and/ or information related to my scholarship can be released to the media for publicity purposes.
9. I understand that my information will be shared with the Arkansas Department of Higher Education for reporting purposes only.

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.

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, may work with the college I plan to attend on my behalf and has my permission to obtain, if necessary, access to my past, current and future school records.

**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.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/20\_\_\_\_