

**RE- APPLICATION
FORM**
(FOR PREVIOUS RECIPIENTS ONLY)

**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

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 10th**
- **Spring semester: January 10th**

Mail or deliver completed application to: *1915 Olive, Texarkana, Texas 75503.*

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? 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
- https://www.ark.org/adhe_financialaid/login.aspx
- <http://texas.uscity.net/Scholarships>

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RE- 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.

RE- APPLICANTS ARE REQUIRED TO SUBMIT:

___ **Completed RE- APPLICATION FORM:** return form to the address listed below.

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

___ **Proof of divorce decree** (if applicable and not already on file).

___ **School transcript** (official or unofficial).

___ **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 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
P.O. Box 657
Texarkana, TX 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.

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RE- APPLICATION FORM (Print or Type)

**THIS FORM IS FOR PREVIOUS RECIPIENTS ONLY. **

(IF YOU ARE A NEW STUDENT PLEASE FILL OUT THE NEW STUDENT APPLICATION.)

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 _____

***Total Income** \$ _____

****Total Expenses** \$ _____

Difference (please subtract your Expenses from your income.) \$ _____

This box must be completed.

Applicant Signature _____

_____/_____/20____
Date

FOR OFFICE USE ONLY:

Comments _____

FOR OFFICE USE ONLY:

Reviewed by: _____

GPA _____

Previous Recipient

Yes / No

Transcript(s)

Yes / No

Tax Return

Yes / No

Student Aide Report (SAR)

Yes / No

Divorce Decree

Yes / No / N/A

Proof of Income

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____