

MISSISSIPPI County Single Parent Scholarship Fund

STATEMENT OF PURPOSE

To provide supplemental financial assistance (up to \$500 per semester) to single parents who are pursuing a course of instruction, which will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, child care, or expenses related to educational pursuits, as approved by the Scholarship Committee or Board.

CRITERIA

Single parents selected for financial assistance will meet the following criteria and provide verification to the Scholarship Committee or Board:

1. Resident of Mississippi County, Arkansas (for the past 6 months)
2. Single head of household (single, divorced, widowed, widower) with sole custody of a child or children under the age of eighteen (18)
3. A high school graduate or have obtained a GED
4. Pursuing an undergraduate course of study or vocational oriented undergrad.
Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Master of Arts in Education.
5. Must be a recipient of or have applied for a Pell Grant
6. Must have and maintain a 2.50 GPA in high school and/or college
7. Must be a full-time student (12 credit hours) or a part-time student (9 credit hours)
8. **All documentation must be present by the deadline in order for the application to be considered complete**

INSTRUCTIONS

Applicants must complete a new application for each semester a Scholarship is sought.

Each applicant must submit the following information:

1. A completed application (**Must be typed or completed in blue or black ink**)
2. A verification of Mississippi County residence (copy of bill from the past 6 months)
3. A copy of recent transcript (High school or college – whichever is more recent if you've changed school make sure you include a copy of that transcript)
4. A **verification document of enrollment/acceptance from Registrar's Office** at your institution.
5. Three (3) **typed** and **signed** letters of recommendation from people who are familiar with your character and goals (**one must be from an current or former employer, one from a College or Vocational Instructor or Advisor, and one from a character reference or a letter of reference from someone who can speak about your volunteerism or community service experience**). **Do NOT use relatives as references**
6. Applicant's statement of goals (Attach a **typed** personal statement explaining why you have chosen this course of study and what you hope to achieve)

Note: The Committee may require proof of income, custody, and/or status.

To be considered by the Scholarship Committee, Application Packets are to be complete (contain all documentation) postmarked NO LATER THAN the application deadline. Have sufficient postage; we WILL NOT pay for postage due.

Mail Completed Application Packet to: MISSISSIPPI County Single Parent Scholarship Fund P.O. Box 1289 Blytheville, AR 72316

Additional Scholarship Resources may be found at: www.fundmyfuture.org

MISSISSIPPI County Single Parent Scholarship Fund

P.O. Box 1289
Blytheville, AR 72316

Application

FALL Application Deadline – SEPTEMBER 19
SPRING Application Deadline – JANUARY 22

Please indicate the semester and year for which you are applying:

FALL _____

SPRING _____

A. Personal Information

1. Full Name: _____ Last 4 digits of your SSN: _____

2. Residential Address: _____

City/State/Zip Code: _____

3. Mailing Address (if different from above): _____

City/State/Zip Code: _____

4. Phone: Home# _____ Work# _____ Cell# _____

5. Date of Birth (MM/DD/YY): _____ Current Age: _____

6. How long have you been a resident of Mississippi County? _____

7. Status (please check only ONE): (Legally Separated or Separated are ineligible.)

Single (Never Married) Married Divorced Widowed/Widower

8. How many individuals are dependent on you for financial support including yourself? _____

9. Please list the number and age of children under the age of 18 years old: _____

Age's _____

(For example: 3 Age(s): 14, 6, and 2)

10. Is anyone sharing your household expenses with you? YES NO

If YES state gross household income (total household income before taxes): _____

11. List the name, address and phone number of your nearest relative:

12. Do you have relatives who are providing support? YES NO (continued on next page)

If YES, what assistance do they provide you? (Check ALL that apply):

Housing Transportation Childcare Financial Help Other List: _____

13. Have you previously applied for a Mississippi County Single Parent Scholarship?

YES NO If yes, when? _____ list the amount of the scholarship _____
& year it was received _____

14. Have you previously applied for a Single Parent Scholarship from another County?

YES NO If yes, what County _____

Were you awarded a Single Parent Scholarship from that County? YES NO

If yes, list the amount of the scholarship _____ & year it was received _____

B. Education Information

1. List schools attended or training received. Give names and dates.

(For example: Osceola High School, Rivercrest Diploma, 2009)

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military/Other: _____

2. Are you currently attending college or vocational school? YES NO

If YES, number of credit hours completed toward degree/diploma: _____

3. Name of college or trade/vocational school you now attend or plan to attend?

4. What course of study (major) are you pursuing _____ do you plan to pursue _____?

5. What is your expect graduate date? _____

6. How many credit hours are you taking _____ do you plan to take _____?

C. Financial Information

1. Will you be working for income while you go to school? YES NO

2. Have you applied for a Pell Grant? YES NO

If NO, you may apply on-line at [HTTP://www.fafsa.ed.gov](http://www.fafsa.ed.gov) or your educational institution

Has your Pell application been granted Grant? YES NO

What is the amount of the Pell Grant? _____

3. What are your **monthly** expenses? (Please list dollar amount) attach a separate sheet of paper if necessary (continued on next page)

Housing	\$
Utilities:	
Electric	\$
Gas	\$
Water	\$
Phone	\$
Food	\$
Transportation (gas, tires, maintenance)	\$
Insurance Coverage	\$
Loan Payments	\$
Clothing, household goods	\$
Medical Costs (doctor, dentist, etc.)	\$
Child Care	\$
Other Expenses (Please list):	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL MONTHLY EXPENSES	\$

(Amounts must be totaled)

4. What are **your** monthly income and sources? (Must list **ALL** incomes that apply – including **Social Security, Rehab, TEA Assistance, Child Support, Scholarship, Pell Grant, Work, Relatives, etc.**) attach a separate sheet of paper if necessary

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
TOTAL MONTHLY INCOME	\$

(Amounts must be totaled)

5. Please list your employers for the last five years beginning with your current or most recent employers (attach a separate sheet of paper if necessary):

Name of Employer	Address	Job Title	From	To

D. Application Checklist: (review this checklist to ensure your application is complete)

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YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:

I hereby give permission for all information related to my financial aid to be released, upon request, to the Mississippi County Single Parent Scholarship Fund (MCSPSF). I give the MCSPSF permission to use my picture for publicity purposes. I understand that this information will be used to acquire donations and other funding for the continuation of this scholarship program.

I understand the questions on this application and realize that hiding information, giving false information or failing to provide adequate verification may result in my application being denied and that such actions may impact consideration for future applications.

Signature of Applicant

Date

**MISSISSIPPI County Single Parent Scholarship Fund
Applicant Questionnaire**

The purpose of this questionnaire is to provide information about the applicants to the Office of the Arkansas Single Parent Scholarship. This information will be used for the measure of accurate statistical information that will provide an evaluation report to the parent organization. Your answers will not in any way help or hinder your opportunity to receive the scholarship from the Mississippi County affiliate of SPSF.

Full Name: _____

Last 4-digits of Social Security Number: _____

E-mail address: _____

Age: _____ Gender: _____ Race: _____

How many children do you have? _____ List their age' _____

Your intended profession category (Please check one):

- | | | | |
|--|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Health | <input type="checkbox"/> Business | <input type="checkbox"/> Computers | <input type="checkbox"/> Law |
| <input type="checkbox"/> Architecture
Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Engineering | <input type="checkbox"/> |
| <input type="checkbox"/> Psychology/Counseling
Language | <input type="checkbox"/> Science | <input type="checkbox"/> Industrial/Technical | <input type="checkbox"/> Foreign |
| <input type="checkbox"/> Other:
List course of study: | | | |

Thank you