

Single Parent Scholarship Fund of Montgomery County
Purpose

The purpose for the Single Parent Scholarship is to develop recourses at the local level to enable low-income single parents to gain marketable skills and achieve self-sufficiency through education.

A. Requirements. Applicants selected to receive the Single Parent Scholarship will meet the following requirements:

1. Have custody of and be responsible for daily care of dependent children;
2. Be a single head of household;
3. Be a resident of Montgomery County, AR.
4. Be a high school graduate or in the process of achieving a GED diploma. (*Applicants in the process of achieving a GED diploma would have the opportunity to receive the scholarship to pay for GED books.*)
5. Priority will be given to full-time students who are enrolled in or have been accepted by a public or private non-profit post secondary school in a program providing marketable skills to achieve self-sufficiency and a better standard while residing in Montgomery County.
6. Be a recipient of or applying for a Pell Grant (and other federal financial aid)
7. Recipients must maintain a 2.5 GPA per semester to be eligible for continued scholarship consideration. (*See part D*)

B. Instructions. Each applicant must provide and/or authorize MSPSF to review the following on or by the application deadline:

1. Completed Application Form (printed or typed)
2. Proof of completed admissions file, including all appropriate transcripts, or proof of enrollment (*class schedule receipt*)
4. Three letters of recommendation (*from work, college, or personal sources*)
5. A statement of the applicant's goals, chosen program of study, and why the scholarship is needed, as well as any other appropriate information that may be helpful to the board in identifying recipients (*1-2 pages, maximum*)
6. Proof of income and resources (ex: tax returns, letter from employer, print-out from the local DHS office verifying federal assistance; last three consecutive pay stubs, etc.).

C. Deadlines.

Term	Estimated Deadline
Fall	August 10
Spring	December 10
Summer	Limited availability

D. Scholarship Renewals.

1. Recipients must submit renewal information each semester by the deadline for continued scholarship consideration.
2. A 2.5 GPA must be maintained.
3. A current copy of the student's transcript must be provided. (*An Internet copy is acceptable*)
4. A class schedule for the semester must be provided. (*Class schedule receipt*)

Submit Scholarship Applications and Renewals to:
Single Parent Scholarship Fund
Of Montgomery County
P.O. Box 1102
Mt. Ida, AR 71957

**Single Parent Scholarship Fund of Montgomery County
Scholarship Application**

Please check one of the following: New Application _____ Re-Application _____

Date: _____ SSN: _____ Date of Birth: _____

Applicant Name: _____ No. of Dependent Children _____

Address/City/State/Zip: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address: _____ County of Residence: _____

College Attending _____ Program of Study/Major _____

Term for which you are applying for the Single Parent Scholarship (indicate year beside the term)

Fall _____ Spring _____ Summer _____

Number of Credit Hours for which you plan to enroll: _____

Sources of all income:

List Financial Aid that you will receive during this term:

Please attach a statement that includes your career goals and how the Single Parent Scholarship can help you achieve these goals. In addition, include three letters of recommendation from work, college or personal sources and sign the authorization below.

I authorize Single Parent Scholarship Fund of Montgomery County to review and verify my enrollment status, sources of income and financial aid eligibility at the college/university I plan to attend and from all transfer institutions.

Have you ever been convicted of a felony? Yes _____ No _____

Signature of Applicant

Office Use Only

GPA (attach transcript): _____ Enrollment Status (if pre-registered) _____

_____ Approved by the SPSF Board of Montgomery County.

_____ NOT Recommended/Reason: _____

Award Amount: \$ _____

SPSF of Montgomery County Representative/Date