

**Single Parent Scholarship Fund of Nevada County
Eligibility Criteria**

1. Must be a resident of Nevada County
2. Must be a high school senior or have proof of a high school diploma or GED
3. Must have at least a cumulative 2.5 GPA based on a 4.0 system
4. Must demonstrate financial need
5. Must be enrolled or have plans to enroll in an Arkansas institution of higher education or an accredited vocational school
6. Must be a parent of a dependent child under age 18

Judge Criteria

1. GPA

4.0 – 3.5	<u>25 pts</u>
3.4 – 3.0	<u>20 pts</u>
2.9 – 2.5	<u>15 pts</u>
GED (based on last GPA)	<u>15 pts</u>

2. Financial Need

In great need of financial aid	300% of poverty level	<u>25 pts</u>
In little need of financial aid	200% of poverty level	<u>20 pts</u>

3. Personal goals and course of study 25 pts

4. Interview (applicant goals, statement from school Counselor, Pastor, College Professor) Maximum of 25 pts



**SINGLE PARENT SCHOLARSHIP
FUND OF NEVADA COUNTY, INC.**
Elaine King, President
1501 West First Street North
Prescott, Arkansas 71857



Scholarship Re-Application

Date _____ Social Security Number ____-____-_____

Applicant Name _____ Telephone (H) _____

County of Residence _____ Telephone (W) _____

College attending: _____ Program of Study/Major _____

Current overall GPA (please attach transcript) _____

Term & Year 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: _____

Source 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 those goals and sign the authorization below.

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

Signature of Applicant

Date

Office Use Only

GPA _____ Enrollment Status _____

Financial Aid Standing/Sources: _____ POS/Major _____

_____ Recommended to SPSF Board of Nevada County for further consideration

_____ Not recommended/reason _____

SPSF of Nevada County Representative

Date