

PROGRAM INFORMATION
NEWTON COUNTY SINGLE PARENT SCHOLARSHIP FUND

PURPOSE: To provide supplemental financial assistance to single parents who are pursuing a course of instruction which will improve their income earning potential.

CRITERIA: Single parents selected for financial assistance will meet the following criteria.

1. Resident of Newton County, Arkansas.
2. High school graduate or equivalent. (May apply if enrolled in college and in process of obtaining GED).
3. Single head of household (single, legally separated, divorced or widowed).
4. Pursuing a vocational-oriented course of study to ensure a better standard of living for his/her family.
5. Low income person at or near the poverty level.
6. Recipient of a Pell Grant or in the process of obtaining one. Under special circumstances, non-Pell recipients may be considered for this scholarship.
7. Have a 2.0 GPA (if currently attending school).

INITIAL APPLICATION: Each applicant must submit the following by appropriate deadline:

1. Attached application filled out in ink or typed.
2. Verification of enrollment or acceptance.
3. Copy of most recent educational transcripts (college, high school or GED).
4. Three letters of recommendation from people other than relatives who are familiar with your character and goals.
5. Statement of goals explaining why you chose this particular course of study and what occupation you are considering.

DEADLINES: May 15, Summer; August 15, Fall; December 20, Spring

PAYMENTS:

1. One half of the scholarship amount will be paid at the beginning of the semester/term.
2. The remaining scholarship funds will be paid mid-semester.
3. By the end of the semester, each scholarship recipient will be required to supply an accounting of how he/she used this financial assistance. Failure to do so will result in ineligibility for reapplication.

NEWTON COUNTY SINGLE PARENT SCHOLARSHIP FUND
P.O. BOX 513
JASPER, AR 72641

SCHOLARSHIP APPLICATION

1. Name: _____ SS# _____
2. Mailing Address: _____
3. Home or Message Phone: _____ Emergency Phone: _____
4. Place of Employment: _____ Business Phone: _____
5. Age: _____ Date of Birth: _____
6. How long have you been a Newton County resident? _____
How long have you been at your current address? _____
7. Do you plan to live in Newton County during school? _____
Do you plan to live in Newton County after you graduate? _____

EDUCATIONAL INFORMATION

8. List names and dates of schools attended or training received.
High School or GED: _____ Graduation Date: _____
Trade or Vocational School: _____
College: _____
Military: _____
9. School you will attend: _____
10. Course of Study: _____ Expected Graduation Date: _____
11. How many credit hours do you plan to carry? _____
12. What occupation are you considering? _____

FINANCIAL INFORMATION

13. Single _____ Divorced _____ Separated _____ Widowed _____
14. Excluding yourself list the names, ages, and relationships to you of all those living in your household.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
15. For what costs will you use this scholarship? Tuition _____ Books _____ Food _____
Clothing _____ Housing _____ Child Care _____ Utilities _____ Medical/Dental _____
Transportation _____ Other _____
16. Are you and your children covered by any health insurance? _____
17. What was your total household income for the past twelve months? _____

18. Will you work while you are in school? _____ How many hours each week? _____
19. What will be your total anticipated income each month once you enter the upcoming school term? _____
20. In column A list your income by source for the past twelve months.
In column B list your income by source for the upcoming school year.

	Column A	Column B
	\$ Per Month	\$ Per Month
Work or Work Study	\$ _____	\$ _____
AFDC	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Reserve Armed Forces	\$ _____	\$ _____
Rehabilitation/SSI/SSDI	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Family or Friends	\$ _____	\$ _____
HUD Rental Assistance	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
VA	\$ _____	\$ _____
	\$ Per Year	\$ Per Year
Loans	\$ _____	\$ _____
Pell Grant	\$ _____	\$ _____
Scholarships/Other Grants	\$ _____	\$ _____
Other ()	\$ _____	\$ _____
Other ()	\$ _____	\$ _____

21. List amount of average monthly expenses.

Housing	\$ _____
Utilities	\$ _____
Food	\$ _____
Transportation & Car Maintenance	\$ _____
Insurance	\$ _____
Child Care	\$ _____
Medical Costs	\$ _____
Clothing/Household	\$ _____
Other ()	\$ _____
Other ()	\$ _____

22. Does anyone else share household expenses with you on a regular basis? _____
If yes, who? _____ and what? Housing _____ Food _____
Transportation _____ Child Care _____ Other _____
23. What is the amount of your tuition per semester? _____
24. Have you applied for a Pell Grant? Yes _____ No _____
25. Have you received confirmation or award letter? Yes _____ No _____
26. Have you previously applied for a Newton County Single Parent Scholarship?
Yes _____ No _____
27. If yes, when? Year _____ Semester _____
Year _____ Semester _____
Year _____ Semester _____
Year _____ Semester _____

28. List your employment for the past five years, beginning with the most recent.

<u>Employer</u>	<u>Address</u>	<u>Job Title</u>	<u>From-To</u>	<u>Reason for leaving</u>

29. List your major home and community activities for the past five years such as clubs, organizations, volunteering, hobbies, etc. _____

- 30. Please have three people (not relatives) who are familiar with your life experiences and character send letter of recommendation to the Scholarship Committee (address below).
- 31. Please attach a personal statement of goals explaining why you chose this particular area of study and what you hope to achieve. Feel free to include any information about yourself which might be helpful to the selection committee in its evaluation.
- 32. Also required are most recent transcript and letter of acceptance to college or program of study.

The information given on this form is true and correct to the best of my knowledge and belief. I understand that any material misrepresentation or deliberate omission of a fact in my application (and/or interview) may be justification for denial of or, if a recipient, termination of scholarship assistance by the Newton County Single Parent Scholarship Fund Program.

I agree that NCSPSF board members may contact any person or agency listed to verify information.

I agree that withdrawal from school within the first month or misuse of scholarship funds may subject me to repayment of total amount.

(Applicant's Signature)

(Date)

INFORMATION

RELEASE: Please check appropriate choice.

If you are selected as a recipient, may we use your picture, name, and/or a description of you for publicity and fund-raising purposes? Yes _____ No _____

If no, may we use a description of you anonymously (such as a mother of two enrolled in the LPN program)? Yes _____ No _____

Answering "no" to either of the above will not affect your chances of being awarded a scholarship.

APPLICATION FORM AND ALL REQUIRED DOCUMENTS ARE TO BE MAILED TO:

**Newton County Single Parent Scholarship Fund
c/o Newton County Resource Council
P.O. Box 513
Jasper, AR 72641**

For information call:
446-5898