

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) with legal custody of child or children under 18 years of age.
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 (Pell Grant & schedule of classes)
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: Fall – August 31 Spring – January 31 Summer – May 31

PAYMENTS: For first time applicants only, one half of the scholarship amount will be paid at the beginning of the semester/term. The remaining scholarship funds will be paid mid-semester.

By the end of the semester, each scholarship recipient will be required to supply a thank you letter telling us how he/she used this financial assistance.

Newton County Single Parent Scholarship Fund Application

Deadline: Fall (August 31) Spring (January 31) Summer (May 31)

PERSONAL INFORMATION:

Application Date: _____

Semester Applying For: Fall 20 _____ Spring 20 _____ Summer 20 _____

1. Name: _____ M _____ F _____
Last First Middle Maiden Sex

2. Address: _____ Home Phone: _____
_____ Work Phone: _____
City State Zip Code E-Mail: _____

3. Social Security #: _____ Birth date: _____

4. Circle One: Single Married Divorced Legally Separated Widowed

5. Emergency Contact: _____
(Name) (Relationship) (Phone)

6. How long have you been a Newton County Resident: _____ Years _____ Months

7. Including yourself, how many individuals are dependent on you for financial support? _____

8. List the following information:

Children's Name	Age	Date of Birth	Type of Medical Insurance

9. Is anyone else sharing your household expenses? (excluding government assistance) Y or N

10. Do you have any relatives living in the area? Y or N

Check below the assistance your relatives provide for you and your children.

Housing		Financial Help	
Transportation		Other	
Child Care		None	

11. Do you have medical insurance? Y or N

12. Do you own a personal computer? Y or N

EDUCATIONAL:

13. What college or university will you be attending? _____

14. Major: _____ Number of Hours Enrolled: _____

Anticipated Graduation Date: _____

15. Please list below the schools you have previously attended (Grade School, High School, College, Vocational, Military, etc.)

School Name	Date Attended

FINANCIAL AID:

1. Have you applied for Federal Financial Aid? Y or N
2. Have you received Pell? Y or N

Complete the following for the academic year for which you are applying:

Semester:	Pell Amount	Loan Amount	SEOG Amount	AR State Scholarship	Workstudy	Miscellaneous Aid
Fall 20__						
Spring 20__						
Summer 20__						

3. For what types of costs do you anticipate using the Single Parent Scholarship?

4. Have you previously applied for a Single Parent Scholarship? Y or N

FINANCIAL INFORMATION:

Please list all sources of income you are currently receiving in Column A and income you expect to receive during the next 12 months in Column B.

INCOME

Current Income

Next 12 Months

Column A

Column B

	\$ Per Month	\$ Per Year	\$ Per Month	\$ Per Year
Friends/Family.....				
Employment.....				
Workstudy.....				
Reserved Armed Forces.....				
Unemployment Benefits.....				
Social Security.....				
Rehabilitation.....				
HUD Rental Assistance.....				
TEA.....				
Child Support.....				
Food Stamps.....				
VA.....				
Other (Please List).....				

EXPENSES

What are your average “out of pocket” monthly expenses? (Please list dollar amount)

Expense	Total Amount Spent per Month
Housing	
Utilities (gas, water, electric, phone)	
Food	
Transportation & Car Maintenance	
Insurance Coverage	
Loan Payments	
Clothing	
Medical (checkups, dentists, etc.)	
Child Care	
Household Goods	
Others (Please List)	

EMPLOYMENT INFORMATION:

1. Will you be working while you attend school? Y or N
2. If yes, how many hours each week will you work? _____
3. Please list your employers for the past five years beginning with your most current:

Name of Employer	Address	Job Title	Date (From – To)

4. If you have not been employed outside of the home, list your major home and community activities for the past five years.

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 the 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 questions **will not** affect your chances of being awarded a scholarship.

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

Newton County Single Parent
Scholarship Committee
Educational Opportunity Center
North Arkansas College
1515 Pioneer Drive
Harrison, AR 72601
(870) 391-3129