

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) | |

Reapplication form, new schedule, and copy of grades should be returned to:

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

Applicant's Signature