

SINGLE PARENT SCHOLARSHIP FUND

Ouachita County Single Parent Scholarship Fund -- Scholarship Application

Application Deadlines:

Fall.....September 20

Spring.....February 20

(*Scholarships are renewable for subsequent semesters.)

Purpose:

To provide supplemental financial assistance (up to \$500 per semester) to single parents who are pursuing a course of instruction, which will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, child care, or expenses related to educational pursuits, as approved by the scholarship selection committee or board of directors.

Criteria:

Single parents selected for financial assistance will meet the following criteria and provide verification to the scholarship selection committee or board of directors:

- ❖ Resident of Ouachita County (**6 months**)
- ❖ Single parent with custody of at least one child under 18 years of age
- ❖ A high school graduate or have obtained a GED
- ❖ Pursuing an undergraduate course of study
- ❖ Recipient of a Pell Grant **OR** eligible to receive a Pell Grant
- ❖ Must have completed a minimum of 9 college credit hours with a minimum cumulative GPA of 2.50
- ❖ Must have and maintain a cumulative GPA of 2.50
- ❖ Must be a full time student (12 hours) or part time student (9 hours)

Instructions:

Each applicant must submit the following information. Your application packet must be postmarked by the deadline to be considered by the scholarship selection committee. Incomplete applications will not be considered.

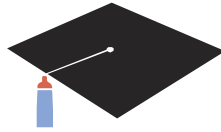
- Completed application (*Not required for spring semester if you received a scholarship for the fall semester.*)
- Provide verification of enrollment from your college or vocational institute.
- Provide verification of Pell Grant award **OR** proof of eligibility to receive a Pell Grant.
- Provide three (3) formal letters of recommendation from people (non-relatives) who are familiar with your character and goals. These letters should be typed and should include the mailing address and telephone number of person making the recommendation. (*Not required for spring semester if you received a scholarship for the fall semester*)
- Applicant's personal statement explaining why he/she chose this particular course of study and what he/she hopes to achieve as well as any other information the applicant feels will be helpful to the Scholarship Selection Committee in its evaluation. (*Not required for spring semester if you received a scholarship for the fall semester.*)
- Official** current/recent college transcript(s).
- Completed Applicant Questionnaire and Contact Information Form (*Not required for spring semester if you received a scholarship for the fall semester.*)
- Submit accurate information. All documentation received will be subject to verification by the Scholarship Selection Committee. Falsification of information constitutes grounds for application rejection.

Application Packets are to be postmarked and mailed by the deadline to:

Ouachita County Single Parent Scholarship Fund

P.O. Box 1328

Camden, Arkansas 71711-1328



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APPLICATION

Please mark the semester you are applying for: _____ Fall _____ Spring

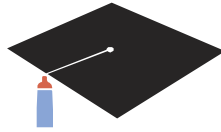
A. PERSONAL INFORMATION

1. Full Name _____ S.S. # _____
2. Mailing Address: _____
(Street/City/Zip)
3. Residential Address: _____
(If different from above)
4. Phone: Home# _____ Work# _____ Message# _____
5. Current Age _____ Date of Birth _____
6. How long have you been an Ouachita County Resident? _____
7. Marital Status: (please check one) Single Divorced Legally Separated
8. Including yourself, how many individuals are dependent on you for financial support? _____
9. How many children, under the age of 18, are you financially responsible for? _____
10. List the name, address and telephone number of your nearest/closest relative.

11. Have you previously applied for an Ouachita County Single Parent Scholarship? Yes No
12. Were you awarded a Single Parent Scholarship in the past? Yes No
If "yes", when and what county? _____

B. EDUCATIONAL INFORMATION:

1. List schools attended or training received. Give names and dates:
(Example: Camden Fairview High School, Diploma, 2005, Ouachita County Adult Education, 2005, etc.)
High School or GED: _____
Trade or Vocational School: _____
College: _____
Military/Other: _____



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B. EDUCATIONAL INFORMATION (continued):

2. Are you currently attending college or school? Yes No
If "yes", number of credit hours already completed toward degree/diploma: _____
3. Name of college or school you now attend or plan to attend? _____
4. What course of study (major) do you plan to pursue? _____
5. When do you expect to graduate? _____
6. How many credit hours do you now take or plan to take? _____

C. FINANCIAL INFORMATION

1. Will you be working for income while you go to school? Yes No
2. Have you applied for a Pell Grant? Yes No
Have you been granted a Pell Grant? Yes No
Do you know the amount of the Pell Grant? Yes No
If "yes", give amount per semester _____

If you have not applied for a Pell Grant, you may apply on-line at <http://www.fafsa.ed.gov>.

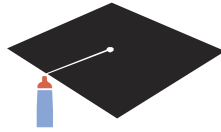
3. What is your monthly income? (Include all sources such as food stamps, scholarships, child support, alimony, etc.) \$ _____

YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:

I hereby give permission for all information related to my financial aid to be released, upon request, to the OCSPSF. I give the OCSPSF permission to use my picture for publicity purposes. I understand that this information will be used to acquire donations and other funding for the continuation of this scholarship.

Signature of Applicant

Date



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APPLICANT QUESTIONNAIRE

The purpose of this questionnaire is to provide information about applicants to the Office of the Arkansas Single Parent Scholarship Fund. This information will be used for the measure of accurate statistical information that will provide an evaluation report to the parent organization. *Your answers will not in any way help or hinder your opportunity to receive the scholarship from the Ouachita County affiliate of ASPSF.*

Full Name: _____

Social Security Number: _____

E-mail address: _____

Age: _____ **Gender:** Female Male

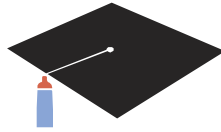
Race: Caucasian
 Black American
 Hispanic
 Asian
 Native American
 Other (specify) _____

How many children do you have? _____

What are their age(s)? _____

Your intended profession category:

- Health
- Business
- Computers
- Law
- Architecture
- Education
- Engineering
- Agriculture
- Psych/Counseling
- Science
- Industrial/Technical
- Foreign Language



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CONTACT INFORMATION

Because it is important that we remain in contact with our applicants, we request that you complete this form in its entirety. This will enable us to carefully track the success of the program as well. ***Prior to processing your application, we will verify the information you provide. When something is not applicable, write "n/a" in the blank. Please print the requested information.***

Today's Date _____ Social Security Number _____

Name: _____

Current Home Address (Address/City/State/Zip): _____

Home Telephone: _____ Message Telephone: _____

E-mail Address: _____ Fax Number: _____

Place of Employment: _____ Work Telephone: _____

Complete the statement and list contact information below:

One person who will always know how to reach me is my _____. His/Her name is _____ . Their mailing address is _____ (city) _____ (state) _____ (zip) _____ and their telephone number is (_____) _____ .

List two (2) relatives and their contact information below:

Name: _____ Relationship: _____

Address (City/State/Zip): _____

Telephone Number: _____

Name: _____ Relationship: _____

Address (City/State/Zip): _____

Telephone Number: _____

List two (2) alternate contact sources and their information below:

Name: _____ Relationship: _____

Address (City/State/Zip): _____ Telephone Number: _____

Name: _____ Relationship: _____

Address (City/State/Zip): _____ Telephone Number: _____