

Poinsett County Single Parent Scholarship Fund

Scholarship Application

Application Deadlines (please check the semester for which you are applying)	
Fall	___ Applications due September 1
Spring	___ Applications due January 15
Summer	___ Applications due June 1
Selection Criteria	
<p>Applicant must be a resident of Poinsett County.</p> <p>Applicant must be a high school graduate or equivalent (applicants may apply if enrolled in high school or in the process of obtaining GED).</p> <p>Applicant must be single and be the head of household (single, legally separated, divorced or widowed) with dependent children under the age of 18.</p> <p>Applicant must be pursuing an undergraduate course of study to ensure a better standard of living for his/her family.</p> <p>Applicant must be of low income residing at or near the poverty level.</p> <p>Applicant must be a Pell Grant recipient or in the process of obtaining one.</p>	
Application Instructions	
<ol style="list-style-type: none"> 1. Application completed in ink (clearly written) or typed. 2. Letter of verification of enrollment or acceptance. 3. High school transcript, technical institute or college transcript (if applicable). Student copies of transcripts are acceptable. 4. Three (3) letters of recommendation from past or present employers, schools, ministers, or community leaders. 5. A brief paragraph describing educational goals and reasons for choosing field of study. <p>The above items should be collected (no application will be accepted without all of the above items) and mailed to: PCSPSF P.O. Box 280 Marked Tree, AR</p> <p style="text-align: right;">*An interview will be required.</p>	

Applicant Name: _____

Personal	
Name	
Social Security Number	
Date of Birth (MM/DD/YY)	
Length of Residence in Poinsett County	
Home Phone	
Alternate Phone	
Mailing Address	
Family	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed
Number of individuals (including yourself) dependent on you for financial support	
List the ages of your children	
Is anyone else sharing the household expenses with you?	
Do you have any relatives in the area?	
If yes, what assistance do they provide?	<input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation <input type="checkbox"/> Financial <input type="checkbox"/> Other: _____
Financial	
Are you covered by any health or medical insurance?	
Will you be working while you attend school? If yes, how many hours per week?	
What was your total income for the past 12 months?	
What will be your total anticipated income once you enter school?	

Income				
<i>Source of Income</i>	<i>Received in last 12 months</i>		<i>Will receive once school begins</i>	
	<i>\$/month</i>	<i>\$/year</i>	<i>\$/month</i>	<i>\$/year</i>
Friends				
Family				
Employment				
Work Study				
Reserve Armed Forces				
Unemployment Benefits				
Social Security/SSI				
Rehabilitation				
HUD Rental Assistance				
AFDC				
Child Care				
Child Support				
Food Stamps				
Loans				
VA				
State Scholarship(s)				
Grant(s)				
Pell Grant				
Other (please list)				
<p style="text-align: center;">If you have not been employed outside the home, list your major home and community activities for the last five years:</p>				
<p style="text-align: center;">Please include anything else about your financial situation you feel would be helpful in evaluating your application:</p>				

Applicant Name: _____

Education	
Grade School Name and Dates (YY-YY)	
High School Name or GED Center Name and Dates (YY-YY)	
Trade or Vocational School Name and Dates (YY-YY)	
College(s) Name and Dates (YY-YY)	
Military and Dates (YY-YY)	
What institution will you be attending?	
What program will you be enrolling in?	
When do you expect to graduate?	
Do you plan to stay in Poinsett County upon graduation?	
If you are currently enrolled in college, how many hours will you carry? Full-time or Part-time?	

Budget	
Monthly Expense	Amount
Housing	
Utilities (electric, gas, phone, water)	
Food	
Transportation (gas, tires, maintenance)	
Insurance Coverage	
Loan Payments	
Monthly Payments	
Clothing, Household Goods	
Medical Costs (check-ups, dentist, etc.)	
Child Care	
Other Expenses (please list)	
Total	

Applicant Name: _____

Release (please sign each item)

<p>I certify that the above information is correct to the best of my knowledge and that I understand that any misrepresentation or falsification is cause for denial.</p>	<p>Signature: _____ Date: _____</p>
<p>I hereby authorize any employer by whom I have been employed, any educational institution I have attended or am currently attending, and/or any organization I have received services from to release to the Poinsett County Single Parent Scholarship Fund, its employees or representatives, any information which may be requested relative to my employment, past or present; information pertaining to wages; any academic information; any financial aid information; or services and benefits received.</p>	<p>Signature: _____ Date: _____</p>
<p>I hereby authorize the Poinsett County Single Parent Scholarship Fund to use my name, any description of my person and/or my goals in communication with donors.</p>	<p>Signature: _____ Date: _____</p>
<p><i>(OPTIONAL)</i> I am interested in being contacted about possible additional forms of assistance that may help my family during my educational career.</p>	<p>Signature: _____ Date: _____</p>