

# Poinsett County Single Parent Scholarship Fund

## Scholarship Application

| <b>Application Deadlines</b><br>(please check the semester for which you are applying)   |                                  |
|--|----------------------------------|
| Fall   | ___ Applications due September 1 |
| Spring   | ___ Applications due January 15  |
| Summer   | ___ Applications due June 1      |
| <b>Selection Criteria</b>  |                                  |
| <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>  |                                  |
| <b>Application Instructions</b>  |                                  |
| <ol style="list-style-type: none"> <li>1. Application completed in ink (clearly written) or typed.</li> <li>2. Letter of verification of enrollment or acceptance.</li> <li>3. High school transcript, technical institute or college transcript (if applicable). Student copies of transcripts are acceptable.</li> <li>4. Three (3) letters of recommendation from past or present employers, schools, ministers, or community leaders.</li> <li>5. A brief paragraph describing educational goals and reasons for choosing field of study.</li> </ol> <p>The above items should be collected (no application will be accepted without all of the above items) and mailed to:<br/>           PCSPSF<br/>           P.O. Box 280<br/>           Marked Tree, AR</p> <p style="text-align: right;">*An interview will be required.</p> |                                  |

Applicant Name: \_\_\_\_\_

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

| <b>Income</b>   |                                   |                |  |                |
|---|-----------------------------------|----------------|--|----------------|
| <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>If you have not been employed outside the home, list your major home and community activities for the last five years:</p> |                                   |                |  |                |
| <p>Please include anything else about your financial situation you feel would be helpful in evaluating your application:</p>  |                                   |                |  |                |

Applicant Name: \_\_\_\_\_

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

| <b>Budget</b>                            |               |
|--|---------------|
| <b>Monthly Expense</b>                   | <b>Amount</b> |
| 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)             |               |
|  |               |
|  |               |
| <b>Total</b>                             |               |

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: _____<br/>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: _____<br/>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: _____<br/>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: _____<br/>Date: _____</p> |