

Poinsett County Single Parent Scholarship Fund

RENEWAL 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 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. Technical institute or college transcript. Student copies of transcripts are acceptable. <p>The above items should be collected (no RENEWAL application will be accepted without all of the above items) and mailed to:</p> <p>PCSPSF P.O. Box 280 Marked Tree, AR</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?	

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 Country 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>