

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? | |

| Income | | |
|---|--|--|
| <i>Source of Income</i> | <i>Received in last 12 months</i> \$/month \$/year | <i>Will receive next school year</i> \$/month \$/year |
| State Scholarship(s) | | |
| Grant(s) | | |
| Pell Grant | | |
| Other (please list) | | |
| Please include anything else about your financial situation you feel would be helpful in evaluating your application: | | |

| Education | |
|--|--|
| 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? | |

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> |