

**POPE & YELL COUNTY**  
**SINGLE PARENT SCHOLARSHIP FUND**  
**SCHOLARSHIP APPLICATION**

The purpose of this scholarship is to provide supplemental financial assistance to single parents who are pursuing a course of instruction which will improve their income-earning potential. Scholarships may be used for books, tuition, childcare, utility bills, car maintenance, or any other financial need. The scholarships are made possible by private and corporate donations, annual community fund raising and matching funds from the Arkansas Single Parent Scholarship Fund.

Scholarships are generally awarded for the fall or spring terms and are renewable for the following semester(s) if the recipient maintains a 2.5 GPA or higher and stays otherwise eligible as per original rules for application consideration. Any eligible reapplying applicant need only to obtain, complete, and turn in a one-page re-application form along with a current transcript and copy of their schedule by the spring or fall deadline date.

***Eligibility Criteria:***

1. Resident of Pope or Yell County, Arkansas
2. Twelve or more earned college hours with a cumulative GPA of 2.5 or better.
3. Single head of household with at least joint custody of a minor child (*under the age of 18*) who resides with them.
4. Pursuing a full-time course of study to ensure a better standard of living.
5. Applicants cannot already have earned an undergraduate degree.
6. Current income at or near poverty level.
7. Accepted for admission at an accredited educational institution.
8. Recipient of a Federal Pell Grant.
9. Willing to participate in a personal interview.
10. Provide application and requested attachments by the stated deadlines.
11. Cumulative GPA of 2.5 in college work.

***How to Apply:***

Complete the attached application and return it with the requested attachments to the address on the last page of the application.

***Deadlines:***

Fall Scholarships - August 15  
Spring Scholarships - January 15

***Questions:***

Call (479) 313-3151 to speak with Justin Keller, email the PYCSPSF at [pycspsf@gmail.com](mailto:pycspsf@gmail.com), or contact a PYSPSF Board Member.

**POPE & YELL COUNTY SINGLE PARENT SCHOLARSHIP FUND  
SCHOLARSHIP APPLICATION**

Date of Application \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Zip

Residential Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: Primary \_(\_\_\_\_\_) \_\_\_\_\_ Secondary \_(\_\_\_\_\_) \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Personal Email Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Are you: Male \_\_\_\_\_ Female \_\_\_\_\_

How long have you been a resident of Pope or Yell County? \_\_\_\_\_

Marital Status (Circle One):    Single      Widowed      Divorced      Legally Separated

Race (Circle One): African American - Asian - Hispanic - Native American - White Other \_\_\_\_\_

*Note: Optional for reporting purposes only, has no bearing on eligibility.*

Including yourself, how many individuals are dependant on you for financial help or support? \_\_\_\_\_

Please list all the individuals living in your household.

Name	Relationship	M/F	Age	Does he/she have medical insurance?

Please list two relatives or contacts who will always know where /how to reach you:

#1 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

How Related: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

How Related: \_\_\_\_\_

Please list any volunteer work or community activities in which you have participated in during the past two years:

---

---

---

**Financial Information:**

Is anyone sharing your household expenses with you? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have friends or relatives living in the area? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what assistance do they provide you? *Check all that apply.*

\_\_\_\_\_ Housing                      \_\_\_\_\_ Transportation                      \_\_\_\_\_ Childcare  
\_\_\_\_\_ Financial Help                      \_\_\_\_\_ Other                      \_\_\_\_\_ None

Will you be working for income while you go to school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: How many hours each week will you work? \_\_\_\_\_

Is this a work-study position? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list your employers for the past five years beginning with your present or most recent employer:

Name of Employer	Address	Job Title	From - To
------------------	---------	-----------	-----------

---

---

---

---

What is your anticipated school expenses for the semester in which you are applying?

Tuition and Fees: \_\_\_\_\_

Books and Supplies: \_\_\_\_\_

## Monthly Income and Expenses Statement

<u>Average Monthly Income</u>		<u>Average Monthly Expense</u>	
Employment/Work Study	\$ _____	Rent/Mortgage	\$ _____
Unemployment Benefits	\$ _____	Food/Groceries	\$ _____
Disability/SSI Income	\$ _____	Utilities	\$ _____
Food Stamps	\$ _____	Auto Insurance	\$ _____
AFDC	\$ _____	Automobile	\$ _____
Alimony	\$ _____	Child Care	\$ _____
Child Support	\$ _____	Clothing	\$ _____
Family/Friends	\$ _____	Household goods	\$ _____
HUD Rental Assistance	\$ _____	Medical/Dental Costs	\$ _____
Rehabilitation Benefits	\$ _____	Medical/Dental Insurance	\$ _____
Reserve/Armed Forces	\$ _____	Other Loan Payments	\$ _____
TEA (Transitional Employment Asst)	\$ _____	Telephone/Cellular	\$ _____
VA Benefits	\$ _____	Transportation (gas, oil, etc.)	\$ _____
Other (list source)	\$ _____	Other (please list)	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

### Explain Additional Income/Expense Info:

### Additional Financial Aid by Semester

Please list the amounts of each type of financial aid you have received in the recent past or will receive during the next semester. *Do not include anticipated amount from the SPSF scholarship.*

<u>Source</u>	<u>Amt Received Last Semester</u>	<u>Amt Received Current Semester</u>	<u>Amount Expected Next Semester</u>
PELL Grant	\$ _____	\$ _____	\$ _____
VA Educ Benefits	\$ _____	\$ _____	\$ _____
Student Loan	\$ _____	\$ _____	\$ _____
Rehabilitation Benefits	\$ _____	\$ _____	\$ _____
Other Grants/ Scholarships	\$ _____	\$ _____	\$ _____
Other Financial Aid (please specify)	\$ _____	\$ _____	\$ _____

Additional Assistance: \_\_\_\_\_

Please explain the source of additional assistance: \_\_\_\_\_

Total household income for past 12 months: \$ \_\_\_\_\_

Total household income expected for the next 12 months: \$ \_\_\_\_\_

Have you previously applied for a Single Parent Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you awarded a Single Parent Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

For what types of costs do you anticipate using the Single Parent Scholarship? \_\_\_\_\_

**Educational Information:**

	Institution	Location	Dates	Degree
High School or GED				
Trade School				
College(s)				
<b><i>If you have earned a prior Bachelors Degree you are not eligible for this scholarship.</i></b>				

Have you ever served in the US Military: Yes \_\_\_\_\_ No \_\_\_\_\_

If so: What were your dates of service: \_\_\_\_\_

What type of discharge did you receive? \_\_\_\_\_

What institution will you be attending? \_\_\_\_\_

What vocational course of study do you plan to pursue? \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

Will you be a full-time \_\_\_\_\_ or part-time \_\_\_\_\_ student? (Check one)

**Other information that must be attached to your application:**

\_\_\_\_\_ A personal essay introducing yourself and family. Explain why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself which might be helpful to the Selection Committee in its evaluation.

\_\_\_\_\_ An updated copy of your college transcript showing you have completed at least 12 credit hours.

\_\_\_\_\_ A current schedule for the upcoming semester or proof of enrollment.

\_\_\_\_\_ Three letters of reference from persons who are familiar with your life experiences and character.

\_\_\_\_\_ Verification of Pell Grant Award or Denial Letter

## Scholarship Agreement

I understand that if I am awarded assistance through the Pope & Yell Counties Single Parent Scholarship Fund, I will abide by the governance of the Single Parent Scholarship for this period of time for which I receive a scholarship.

I hereby certify that the information contained in this application, along with my attachments, is true and correct to the best of my knowledge. I understand the committee has my permission to verify the information given. If additional information or documentation is requested of me, I will be pleased to furnish it to the committee.

I also understand the following:

1. This application applies for one semester only and I must reapply each semester to be considered for assistance.
2. If I purposely give false or misleading information, I may be required to repay any funding received.
3. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
4. If I drop out of school for any reason, marry, or move out of Pope or Yell Counties, I lose all rights to remaining awarded funds. I shall be responsible for notifying PYSPSF.
5. Dropping classes, in any given semester, below the award amount, may affect current or future scholarship awards. I shall be responsible for notifying PYSPSF.
6. Purposely falsifying any information required by PYSPSF or making misleading or false statements concerning PYSPSF will result in immediate dismissal from the program.
7. The status of the program funds and/or eligibility requirements may change without notice.
8. I understand that the Scholarship Committee's decision is final.

I hereby give permission for all information related to my academic record and my financial assistance to be released, upon request, to the Pope & Yell County Single Parent Scholarship Fund. I have read and understand the above requirements and by my signature do agree to abide by them. I agree to participate in a follow-up research by the SPSF after I am no longer receiving scholarships to obtain information about my education and economic status.

\_\_\_\_\_  
Applicant's Name (*please print*)

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**Send application and attachments to:**  
**Pope & Yell County Single Parent Scholarship Fund**  
**P O Box 11810**  
**Russellville AR 72812**

**Deadlines**  
**Fall Scholarship - August 15**  
**Spring Scholarship - January 15**