

POPE & YELL COUNTY

Single Parent Scholarship Fund

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 state Single Parent organization.

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 the two-page re-application form along with a current transcript and copy of their schedule by the spring or fall deadline date.

Re-App Eligibility Criteria:

1. Still be resident of Pope or Yell County, Arkansas.
2. **Maintain full-time status during prior semester.** *(If you drop below 12 hours the prior semester, you must submit a letter explaining why you dropped below full-time status. Letters will be reviewed by the board and a decision made on a case-by-case basis. Your scholarship may be denied.)*
3. Maintain a cumulative GPA of 2.5 or better.
4. Single head of household with at least joint custody of a minor child (*under the age of 18*) who resides with them.
5. Pursuing a full-time course of study to ensure a better standard of living.
6. Applicants cannot already have earned an undergraduate degree.
7. Current income at or near poverty level.
8. Recipient of a Federal Pell Grant for scholarship year.
9. Provide application and requested attachments by the stated deadlines.

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:

Contact: On the ATU campus: Linda Clarke at (479) 964-0844; Cheryl Chaney at (479) 968-0232;

Lisa Cochran at (479) 964-3212 or UACCM campus: Linda Holland at (501) 354-7565.

POPE & YELL COUNTY Returning Applicant Form

Date of Application _____

Personal Information:

Name: _____ Social Security No. _____

Mailing Address: _____
Street City Zip

Residential Address: _____

Permanent Address: _____

Email Address: _____

Telephone: Primary (_____) _____ Secondary (_____) _____

Date of Birth: _____ Current Age: _____ Are you: Male ____ Female ____

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

Other: _____ (*Note: Race Optional for reporting purposes only, has no bearing on eligibility*).

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

Have you married during the past six months?.....Yes____ No____

Do you plan to be married during the next six months?..... Yes____ No____

Living Status Information:

Is another adult living at your address? If yes, state the relationship to you.....Yes____ No____

Please list all the individuals living in your household:

| Name | Relationship | M/F | Age | Does he/she have medical insurance? |
|------|--------------|-----|-----|-------------------------------------|
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College Information:

School you will be attending _____

Your declared major (or planned field of study) _____

Number of total credit hours you have successfully completed _____

Your cumulative grade point average following this past term..... _____

Your expected date of graduation.....Month _____ Yr _____

Income Information:

What is your total income from all sources (work, SSI, Child Support, grants, Scholarships, HUD, food stamps, family, loans, etc) for the past 6 months? (July – Dec) _____

What is your total expected income from all sources (work, SSI, Child Support, Grants, Scholarships, HUD, food stamps, family, loans, etc.) for the upcoming 6 months? (Jan – June) _____

The total expected “earned income” you will have for the upcoming six (6) months: _____

Contact Information:

For future follow-up after graduation, please list two persons that we may contact in order to reach you:

#1 Name: _____ Telephone: _____

Address: _____

How Related: _____

#2 Name: _____ Telephone: _____

Address: _____

How Related: _____

Return this completed form with current transcript and upcoming semester schedule no later than January 15th for the Spring Semester or August 15th for the Fall Semester to:

Pope & Yell County Single Parent Scholarship Fund
P O Box 11810
Russellville, AR 72812

I have answered every question truthfully and 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.

* _____
(Recipient’s signature)