

SINGLE PARENT SCHOLARSHIP FUND OF PRAIRIE COUNTY

Scholarship Application Renewal

Statement of Purpose

The purpose of the Single Parent Scholarship is to provide supplemental financial assistance to those single parents who are pursuing a course of instruction that will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, childcare, or any other financial need that contributes to the recipient's success in school.

Amount of Scholarship

Single Parent Scholarships are distributed three times a year.

| | | |
|---------------------------|--|-------|
| Spring and Fall Sessions | Full Time Students | \$750 |
| Summer Sessions/Part Time | Students with a minimum of 6 Hours per Session | \$375 |

Applicants may reapply for each semester they are attending school but **they must fill out a renewal application for each semester a scholarship is sought.**

Criteria

Single parents selected for financial assistance will meet the following criteria:

1. Resident of Prairie County, Arkansas.
2. High school or GED graduate.
3. Single head of household (single, legally separated, divorced, and widowed) with primary custodial care of one or more children under the age of 18.
4. Pursuing a career-oriented course of study (full time) to ensure a better standard of living for his/her family. Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Masters of Arts in Teaching.
5. Low-income person at or near the poverty level.
6. Recipient of a Pell Grant or in the process of obtaining a Pell Grant.
7. Must maintain a minimum cumulative 2.5 GPA

SPSF/PC SCHOLARSHIP APPLICATION

PLEASE PRINT IN INK OR TYPE ALL INFORMATION

Please mark the semester you are applying for: _____ SPRING (Deadline December 15th)
_____ SUMMER (Deadline April 15th) _____ FALL (Deadline July 15th)

A. PERSONAL INFORMATION

1. Full Name _____

2. Mailing Address:

Street City Zip

3. Residential Address: _____
(If different from above)

4. Home Phone # _____ Work Phone # _____ Message Phone # _____

5. Current age: _____ Date of Birth: _____

6. Marital Status (Please Circle One):
SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED

8. Including you, how many individuals are dependent on you for financial help or support?

9. Please list the ages of your children _____

10. Is anyone sharing your household expenses with you? YES _____ NO _____

11. Do you have 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

12. Have you previously applied for a Prairie County Single Parent Scholarship?
YES _____ NO _____
Were you awarded a Single Parent Scholarship? YES _____ NO _____
If YES, when? _____

B. EDUCATIONAL INFORMATION

- 1. Are you currently attending college or school? YES _____ NO _____
If YES: How many credit hours have you completed toward your degree/diploma? _____
- 2. What college or school do you now attend or plan to attend? _____
- 3. What course of study (major) do you plan to pursue? _____
- 4. When do you expect to graduate? _____
- 5. Will you be a full-time or part-time student? Full _____ Part _____
- 6. How many credit hours do you now take or plan to take? _____

C. FINANCIAL INFORMATION

- 1. What are your average monthly expenses? (Please list dollar amount)

| | |
|--|----------|
| 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) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

2. Are you covered by any health or medical insurance? YES _____ NO _____
3. Will you be working for income while you go to school? YES _____ NO _____
 If YES, how many hours each week will you work? _____

3. Please list sources of income in \$ figures in column A if you derived income from that source in the LAST 12 months. In Column B, list the \$ amount of sources of income that you will have income from in the NEXT 12 months. **If Column B is not completed, we cannot process your application.** PLEASE INCLUDE ALL SOURCES SUCH AS FOOD STAMPS, HUD, OTHER SCHOLARSHIPS, ETC.

| Source of Income | Column A (Past 12 Months) | | Column B (Next 12 Months) | |
|-----------------------|---------------------------|----------|---------------------------|----------|
| | Per Month | Per Year | Per Month | Per Year |
| Friends | | | | |
| Family | | | | |
| Employment | | | | |
| Work Study | | | | |
| Reserve Armed Forces | | | | |
| Unemployment | | | | |
| Social Security | | | | |
| Rehabilitation | | | | |
| HUD Rental Assistance | | | | |
| TEA Assistance | | | | |
| Child Support | | | | |
| Food Stamps | | | | |
| V.A. | | | | |
| Loans | | | | |
| Scholarships | | | | |
| Pell Grant | | | | |
| TOTAL | | | | |

Other Grants or sources of income (please list): _____

TOTAL HOUSEHOLD INCOME FOR **PAST** 12 MONTHS: \$ _____

TOTAL HOUSEHOLD INCOME FOR **NEXT** 12 MONTHS: \$ _____

(OPTIONAL) Please include anything else about your financial situation that would be helpful in evaluating your application in the space provided. _____

5. Have you applied for a Pell Grant? YES _____ NO _____
Have you been granted a Pell Grant? YES _____ NO _____
Do you know the amount of the Grant? YES _____ NO _____
If YES, give amount (per semester) \$ _____
If NO, you may apply on-line at [http:// www.fafsa.ed.gov](http://www.fafsa.ed.gov)

6. For what types of costs do you anticipate using the Single Parent Scholarship?
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D. ADDITIONAL REQUIREMENTS (Incomplete applications will not be considered)

1. Please have one person (not related to you) send a **signed** letter of reference to the Scholarship Committee. They should be familiar with your life experiences and with your character.
2. Please attach a copy of your **current (most recent) transcript** to this application.
3. Please provide **proof of enrollment**.

You must sign and date the release statement below.

VERIFICATION

I hereby give permission for all financial and academic information related to my application for a Single Parent Scholarship to be released, upon request, to the Single Parent Scholarship Fund of Prairie County.

Signature of Applicant

Date