

SINGLE PARENT SCHOLARSHIP FUND OF PULASKI COUNTY

SCHOLARSHIP APPLICATION

200 River Market Avenue, Suite 100 . Little Rock, AR . 72201 . 501.301.7773

ABOUT OUR SCHOLARSHIP

The Single Parent Scholarship Fund reviews applications once each year. To be considered for a scholarship for the upcoming academic year, students must postmark or deliver their applications by **Friday, June 15th**. Return the completed application to: *200 River Market Avenue, Suite 100 Little Rock AR 72201*

Students selected to receive the scholarship will be awarded **\$900** in August and another **\$900** in January, contingent upon meeting eligibility requirements and fund availability. Scholarship recipients must provide documentation of eligibility (most recent grades, full-time enrollment status, proof of pell grant, participation in the mentoring program, etc.) before receiving scholarship funds for the next semester.

Unlike many scholarship programs, SPSF establishes an “account” for scholarship recipients. Students can draw from their account for approved expenses such as tuition, books, rent or mortgage, car repairs, utility companies and childcare. SPSF will write checks to the vendor for approved expenses (i.e., landlord, utility company or daycare). More specific guidelines will be provided to students who receive the award.

CRITERIA

Applicants who have obtained a Bachelor’s Degree are not eligible. Single parents selected for financial assistance must meet the Federal Guidelines for low-income families. Please answer the following questions:

- Are you a resident of Pulaski County?
- Are you the primary custodial parent of at least one child under the age of 18 **AND** living in a single-parent household **without** assistance of a “significant other” in the home?
- Do you have a high school diploma or its equivalent?
- If already attending school, do you have at least a 2.5 GPA for the most recent semester and do you have a 2.5 cumulative GPA?
- Have you applied for a Pell Grant? Are you eligible to receive a Pell Grant?
- Are you enrolled (or planning to enroll) full time in an undergraduate degree program at one of the following schools: Arkansas Baptist College, Harding University (Little Rock), ASU Beebe (LRAFB CAMPUS Only), Baptist School of Nursing, Harding University (NLR Only), John Brown University (NLR Only), Park University (LRAFB CAMPUS), Philander Smith, Pulaski Technical College, UAPB (NLR CAMPUS Only), UALR, or UAMS?

If you answered NO to any of the questions above, you are NOT eligible to apply for the Single Parent Scholarship Fund of Pulaski County.

Please check our website for additional funding opportunities.

SINGLE PARENT SCHOLARSHIP FUND OF PULASKI COUNTY

200 River Market Avenue, Suite 100 . Little Rock, AR . 72201 . 501.301.7773

SCHOLARSHIP APPLICATION

PLEASE READ THE FOLLOWING:

- Please complete every blank; incomplete applications will not be considered.
- Faxed or emailed applications will not be accepted.
- Applications must be postmarked on or before **Friday, June 15th**.

NEW APPLICANTS ARE REQUIRED TO SUBMIT:

- Completed scholarship application.
- Personal narrative: describe your goals, course of study, and why the scholarship is needed.
- Unofficial transcript: must show most current grades/GPA and proof you are currently attending classes or enrolled in the upcoming fall semester. If you are not currently registered for fall courses - you must include a letter of acceptance from the college you will be attending.
- Three (3) letters of recommendation: at least two of the letters must be from a professional, academic, or non-family reference. All letters must be signed in ink by the person writing the letter and must include their address and telephone number so they may be contacted.
- Federal tax return: attach a copy of the first page of your 2011 federal tax return-must show marital status, dependents and annual income.
- Pell grant: attach a copy of financial aid award letter or proof that you have applied for the Pell grant for 2012-13.

Prior to award, each student recommended to receive the award must submit a class schedule for the semester to be covered by the scholarship, proof of Pell grant and a copy of final grades from the most recent semester.

- For information about other scholarships check these websites www.adhe.edu and www.fundmyfuture.info
- Unfortunately, not all qualified applicants will be selected to receive the scholarship.

RETURN APPLICATION AND REQUIRED INFORMATION TO:

**Single Parent Scholarship Fund of Pulaski County
200 River Market Avenue, Suite 100
Little Rock, Arkansas 72201**

SPSF Board Members, SPSF Staff Members and their immediate relatives are ineligible to receive and will not knowingly be awarded a Single Parent Scholarship.

SINGLE PARENT SCHOLARSHIP FUND OF PULASKI COUNTY
200 River Market Avenue, Suite 100 . Little Rock, AR . 72201 . 501.301.7773

NEW APPLICANTS ONLY

Please complete every blank. Incomplete applications will not be considered. Applications must be postmarked by **Friday, June 15th** to be considered for the upcoming academic year.

DO NOT FAX OR EMAIL YOUR APPLICATION

School term you are applying for _____

Name: _____ Student ID or SSN: _____

Address: _____

City: _____ State: AR Zip Code: _____

Phone # _____ Work # _____ Message # _____

Email Address: _____ Cell Phone # _____

Date of Birth _____/_____/_____ Age: _____

Current marital status: [] Never Married [] Divorced [] Legally Separated [] Widowed

Are you the primary custodial parent of at least one child under the age of 18 and living in a single parent household? _____

Please list all people living in your household:

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACADEMIC STATUS

What school will you attend during the fall semester? _____

Major: _____ Anticipated graduation date: _____

Number of semester hours that you will be enrolled in during the Fall Semester: _____

Year of study? [] Freshman [] Sophomore [] Junior [] Senior

What was your current semester GPA? _____ What is your cumulative GPA? _____

EDUCATION

Please list the names, dates of attendance, and level of training received.

NAME OF SCHOOL	DATE ATTENDED	GRADUATED	DIPLOMA OR CERTIFICATE
EXAMPLE: Mills High School	1989-1991	Yes	Yes

EMPLOYMENT

Please list your current or most recent employer:

Employer _____

Address _____

City _____ State _____ Zip Code _____

Job Title _____

Telephone number _____ Number of hours per week _____

Date of employment: From _____ to _____

Will you continue to work during the fall semester? _____ Number of hours per week _____

FINANCIAL STATUS

Have you ever received a scholarship from this organization? _____ If yes, when? _____

Have you applied for additional scholarships and grants through the Arkansas Financial Aid System by filling out the **YOU**universal Scholarship Application at www.adhe.edu? _____

Please list other financial aid/scholarships you will receive (attach separate sheet if necessary):

Financial Aid Applied For	Have you received an award letter	Dollar Amount Awarded
Example: Pell Grant	YES/NO	\$1,500.00

Monthly Budget

Please complete this form as accurately as possible.

	Income from Work, Child Support and/or SSI Benefits	Assistance received from Government/ Family/ Other Support		Monthly Amount actually paid by you	Someone else helps you pay this amount (Government/ Family)
Monthly Salary	_____	_____	Medical/Dental	_____	_____
Housing Assistance	_____	_____	Rent/Mortgage	_____	_____
Utility Assistance	_____	_____	Utilities	_____	_____
TEA	_____	_____	Credit Cards	_____	_____
Food Stamps	_____	_____	Food	_____	_____
Child Care Assistance	_____	_____	Child Care	_____	_____
Child Support	_____	_____	Clothing	_____	_____
Family Contributions	_____	_____	Telephone	_____	_____
Social Security Benefits	_____	_____	Transportation	_____	_____
			Other	_____	_____
Total	_____	_____	Total	_____	_____
Total of Both Columns (Income*)	(A)		Total of Both Columns (Expenses**)	(B)	

*Total income	(A) _____
**Total expenses	(B) _____
Difference (please subtract your expenses from your income)	=====
Cost of tuition and fees (per semester)	_____
Estimate cost of books/supplies	_____
Total	=====
Total amount of financial aid package (per semester)	_____
Difference (please subtract your financial aid from your school expenses)	=====

THIS BOX MUST BE CALCULATED
 This information is VERY important in the selection process. Incomplete forms will NOT be considered for the scholarship.

Will you work full time? _____ Part-time? _____ Or not at all? _____
 Will you do work study on campus? _____ How many hours per week? _____
 Will you have an internship, field work or clinicals this semester? _____

Memorandum of Understanding

I am applying for a scholarship to be awarded by the Single Parent Scholarship Fund of Pulaski County (SPSF). I understand that SPSF is a private, non-profit organization founded on the principle of supporting high-potential single parents with financial needs in Pulaski County to achieve their goal of higher education. This is achieved by providing financial assistance, mentoring and other support services.

I understand the following:

- SPSF has certain requirements for eligibility that must be met before I may be awarded a scholarship.
- I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit any remaining scholarship funds.
- Not all applicants who meet eligibility requirements may be awarded a scholarship.
- If I am only taking 12 hours, I may not drop a course without adding another course. Should I need to drop below full-time enrollment status, I will contact SPSF staff before dropping the class.
- If I drop below full time or out of school for any reason, marry or move out of Pulaski County, I lose all rights to remaining awarded funds.
- The status of program funds and/or eligibility may change without notice.

If I am awarded a scholarship or if I should become ineligible to receive a scholarship or any part thereof, I waive any cause of action that I may have against SPSF, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document SPSF, its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason or not receiving a scholarship.

Applicant Signature

Date

RELEASE OF INFORMATION

I understand that SPSF is required to verify all information provided to determine continuing eligibility of assistance. I hereby agree to allow contact with other agencies, individuals, or organizations to share information regarding my case and compliance. It is also my understanding that SPSF may contact the college I attend for verification and tracking purposes and has my permission to obtain access to my school (past, present and future) records.

Applicant Signature

Date

Applicant Printed Name

Current School

Student ID#

SINGLE PARENT SCHOLARSHIP FUND OF PULASKI COUNTY

APPLICATION CHECK-LIST

200 River Market Avenue, Suite 100 . Little Rock, AR . 72201 . 501.301.7773

Please ensure that you include the following:

- € Completed application
- € Personal narrative including goals, course of study, and why the scholarship is needed
- € Unofficial transcript: must show most current grades/GPA and proof you are currently attending classes or enrolled in the upcoming fall semester. If you are not currently registered for fall courses - you must include a letter of acceptance from the college you will be attending.
- € Three (3) letters of recommendation: at least two of the letters must be from a professional, academic or non-family reference. All letters must be signed, in ink, by the person writing the letter and must include their address and telephone number so they may be contacted.
- € Federal tax return: attach a copy of the first page of your 2011 federal tax return-must show marital status, dependents and annual income.
- € Pell grant: attach a copy of financial aid award letter or proof that you have applied for the Pell grant for 2012-13.
- € Signed Memorandum of Understanding (page 6)

I attest that the information provided on this application and in the Memorandum of Understanding is true and correct to the best of my knowledge and belief. I understand that any material misrepresentation or deliberate omission of information on my application or in the interview may be justification for denial of or termination of scholarship assistance by the Single Parent Scholarship Fund of Pulaski County.

Applicant Signature

Date

**Incomplete applications will not be considered.
Applications must be received by mail or in person.**