

Single Parent Scholarship Fund of Scott County Purpose

The purpose of the Single Parent Scholarship Fund is to develop recourses at the local level to enable low-income single parents to gain marketable skills and achieve self-sufficiency through education.

A. Requirements. Applicants selected to receive the Single Parent Scholarship will meet the following requirements:

1. Have custody of and be responsible for daily care of dependent children;
2. Be a single head of household;
3. Be a resident of Scott County, AR.
4. Be a high school graduate or in the process of achieving a GED diploma.
5. Priority will be given to full-time students who are enrolled in or have been accepted by a public or private non-profit post secondary school in a program providing marketable skills to achieve self-sufficiency and a better standard while residing in Scott County.
6. Be a recipient of or applying for a Pell Grant (and other federal financial aid); and
7. Recipients must maintain a 2.5 GPA per semester to be eligible for continued scholarship consideration.

B. Instructions. Each applicant must provide and/or authorize SPSF to review the following on or by the application deadline:

1. Completed Application Form (printed or typed);
2. Proof of completed admissions file, including all appropriate transcripts, or proof of enrollment (class schedule receipt);
3. (For renewal applications), college transcript documenting 2.5 GPA achieved in prior term;
4. Three references (from work, college, or personal sources) including name, address and phone number;
5. A statement of the applicant's goals, chosen program of study, and why the scholarship is needed, as well as any other appropriate information that may be helpful to the board in identifying recipients (1-2 pages, maximum); and
6. Proof of income and resources (ex: FAFSA [Free Application for Student Aid]; tax returns, letter from employer, print-out from the local DHS office verifying federal assistance; last three consecutive pay stubs, etc.).

C. Deadlines

Term	Estimated Deadline
Fall	August 10
Spring	December 10
Summer	April 10

Submit Scholarship Application to:
Scott County Single Parent Scholarship Fund
P.O. Box 114
Waldron, AR 72958

**Single Parent Scholarship Fund of Scott County
Scholarship Application**

Date _____ SSN _____

Applicant Name _____ No. of Dependent Children _____

Address/City/State/Zip: _____

Home Phone: _____ Work Phone _____

College Attending _____ Program of Study/Major _____

Term for which you are applying for the Single Parent Scholarship (indicate year beside the term):

_____ Fall _____ Spring _____ Summer

Number of Credit Hours for which you plan to enroll: _____

Sources of all income:

List Financial Aid that you will receive during this term:

Please attach a statement that includes your career goals and how the Single Parent Scholarship can help you achieve these goals. In addition, include three letters of recommendation from work, college or personal sources and sign the authorization below.

I authorize Single Parent Scholarship Fund of Scott County to review and verify my enrollment status, sources of income and financial aid eligibility at the college/university I plan to attend and from all transfer institutions.

Signature of Applicant

Submit Scholarship Application to:
Scott County Single Parent Scholarship Fund
P.O. Box 114
Waldron, AR 72958

Office Use Only

GPA (attach transcript): _____ Enrollment Status _____

Financial Aid Standing/Sources: _____ POS/Major _____

_____ Recommended to the SPSF Board of Polk County for further consideration.

_____ NOT recommended/reason _____

SPSF of Scott County Representative/DATE

_____ Awarded/Institution-Amount _____