

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

Date \_\_\_\_\_ SSN \_\_\_\_\_

Applicant Name \_\_\_\_\_ Telephone: (H) \_\_\_\_\_

County of Residence \_\_\_\_\_ (W) \_\_\_\_\_

College attending \_\_\_\_\_ Program of Study/Major \_\_\_\_\_

Term & YEAR 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 those goals and sign the authorization below.

I authorize the 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

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**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 \_\_\_\_\_