

**SINGLE PARENT  
SCHOLARSHIP FUND OF SEVIER COUNTY  
Renewal Application**

**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 - \$500.00**

Single Parent Scholarships are distributed two times a year (Fall and Spring Semesters). 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. They must be:

1. A resident of Sevier County, Arkansas.
2. A high school or GED graduate.
3. A single head of household (single, legally separated, divorced, and widowed) with sole custody 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.
5. A low-income person at or near the poverty level.
6. A recipient of, or in the process of obtaining a Pell Grant.

**Application Deadline for Spring 2011 – January 5, 2011**

Mail application and official academic transcript to:

**Sevier County Single Parent Scholarship Fund  
P.O. Box 684  
De Queen, AR 71832**

# SINGLE PARENT RENEWAL SCHOLARSHIP APPLICATION

## A. PERSONAL INFORMATION

1. Full Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)
3. Residential Address: \_\_\_\_\_  
(if different from above)
4. Home Ph.#: \_\_\_\_\_ Work Ph.# \_\_\_\_\_ Message Ph. \_\_\_\_\_
5. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_.
6. How long have you been a Sevier County Resident? \_\_\_\_\_
7. Marital Status: (please circle one)  
SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED
8. Including yourself, 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 Sevier County Single Parent Scholarship?  
YES \_\_\_\_ NO \_\_\_\_  
Were you awarded a Single Parent Scholarship? YES \_\_\_\_ NO \_\_\_\_  
If yes, when? \_\_\_\_\_

## B. FINANCIAL INFORMATION

1. What are your average monthly expenses? (Please list dollar amount)  
  
Housing \$ \_\_\_\_\_  
Utilities (electric, gas, phone, water) \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
Insurance coverage \$ \_\_\_\_\_  
Loan payments \$ \_\_\_\_\_



**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 Sevier County. (Please circle) Yes / No**

**Furthermore, I understand and agree to release my name and personal information (e.g. Social Security number, age, and gender, race, and county of residence, post-secondary institution attended, and amount of scholarship awarded) to the Arkansas Department of Higher Education. (Please circle) Yes / No**

**I grant the Single Parent Scholarship Fund of Sevier County permission to use my name, photos and/or scholarship award amount for publicity purposes through media outlets. (Please circle) Yes / No**

**If for any reason (e.g. victim of domestic violence), you need us to withhold your personal information from the media, please explain below:**

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**Signature of Applicant**

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**Date**