

SINGLE PARENT SCHOLARSHIP FUND OF SEVIER COUNTY

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 Fall 2010 – August 5, 2010
Application Deadline for Spring 2011 – January 5, 2011

Mail application and requested information to:

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

SINGLE PARENT SCHOLARSHIP APPLICATION

SEMESTER APPLYING FOR: ___ FALL ___ SPRING

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. EDUCATIONAL INFORMATION:

1. List schools attended or training received. Give names and dates.
(Example: DeQueen High School, Diploma, 1964; GED DeQueen, 1980)

High School or GED: _____
Trade or Vocational School: _____
College: _____
Military/Other: _____
2. Are you currently attending college or school? YES ___ NO ___

D. ADDITIONAL REQUIREMENTS

1. Please have two people (not related to you) send letters of reference to the scholarship committee. They should be familiar with your life experiences and character.
2. Please attach a personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself that might be helpful to the Selection Committee.
3. Please attach a copy of your high school transcript, GED with test scores and college transcripts if applicable.
4. Please include a copy of your Federal Student Aid Report (SAR). The SAR may be printed from the fafsa website, www.fafsa.ed.gov.

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:

Signature of Applicant

Date