

# Single Parent Scholarship Fund of St. Francis County

## STATEMENT OF PURPOSE

To provide supplemental financial assistance (up to \$500 per semester) to single parents who are pursuing a course of instruction, which will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, child care, or expenses related to educational pursuits, as approved by the Scholarship Committee or Board.

## CRITERIA

**Single parents selected for financial assistance will meet the following criteria and provide verification to the Scholarship Committee or Board:**

1. Resident of St. Francis County, Arkansas (for the past 6 months)
2. Single (single, divorced, widowed, widower) with sole custody of a child or children under the age of eighteen (18) (***Separated or Legally Separated is ineligible***)
3. A high school graduate or have obtained a GED
4. Pursuing an undergraduate course of study or vocational oriented undergrad. **Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Master of Arts in Education.**
5. Recipient of a Pell Grant
6. Must have and maintain a 2.50 GPA in high school and/or college
7. Must be a full-time student (12 credit hours) or a part-time student (9 credit hours)
8. **All documentation must be present by the deadline in order for the application to be considered complete**

## INSTRUCTIONS

**Applicants must complete a new application for each semester a Scholarship is sought.**

Each applicant must submit the following information:

1. A completed application (**Must be typed or completed in blue or black ink**)
2. A verification of St. Francis County residence – utility bills in your name (one at least six (6) months old and a current one **OR** a printout from the utility company for the past six (6) months) **OR** a copy of St. Francis County Real Estate Tax receipt **OR** a copy of Personal Property Taxes paid.
3. A copy of recent transcript (High school or college – whichever is more recent)
4. A verification document of enrollment/acceptance from Registrar's Office at your institution.
5. Three (3) **typed** and **signed** letters of recommendation from people who are familiar with your character and goals (**Do NOT use relatives as references**)
6. Applicant's statement of goals (Attach a **typed** personal statement explaining why you have chosen this course of study and what you hope to achieve)

Note: The Committee may require proof of income, custody, and/or marital status.

**To be considered by the Scholarship Committee, Application Packets are to be postmarked NO LATER THAN the application deadline. Be sure to have sufficient postage, we WILL NOT pay for postage due.**

**FALL Application Deadline – October 10, 2008**  
**SPRING Application Deadline – February 10, 2009**

Mail Completed Application Packet to:

**Single Parent Scholarship Fund of St. Francis County**  
**P.O. Box 2794**  
**Forrest City, AR 72336**

Find more scholarships at [www.FundMyFuture.info](http://www.FundMyFuture.info)



# Single Parent Scholarship Fund of St. Francis County

P.O. Box 2794  
Forrest City, AR 72336

## Application

**FALL Application Deadline – October 10, 2008**  
**SPRING Application Deadline – FEBRUARY 10, 2009**

Please indicate the semester and year for which you are applying:  FALL \_\_\_\_\_  
 SPRING \_\_\_\_\_

### A. Personal Information

1. Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

2. Residential Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

3. Mailing Address (if different from above): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

4. Phone: Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

5. Date of Birth (MM/DD/YY): \_\_\_\_\_ Current Age: \_\_\_\_\_

6. How long have you been a resident of St. Francis County? \_\_\_\_\_

7. Marital Status (please check only ONE): (Separated or Legally Separated is ineligible.)

Single (Never Married)     Married     Divorced     Widowed/Widower

8. Including yourself, how many individuals are dependent on you for financial help or support? \_\_\_\_\_

9. Please list the number and age of children under the age of 18 years old: \_\_\_\_\_ Age(s): \_\_\_\_\_  
(For example: 3 Age(s): 14, 6, 2)

10. Is anyone sharing your household expenses with you?     YES     NO  
If YES state gross household income: \_\_\_\_\_

11. List the name, address and telephone number of your nearest relative:  
\_\_\_\_\_

12. Do you have relatives living in this county?     YES     NO

If YES, what assistance do they provide you? (Check ALL that apply):

Housing     Transportation     Childcare     Financial Help

13. Have you previously applied for St. Francis County or any other county Single Parent Scholarship?

YES, list the name of that county \_\_\_\_\_     NO

Were you awarded a Single Parent Scholarship?     YES, when \_\_\_\_\_     NO

## B. Education Information

1. List schools attended or training received. Give names and dates.  
(For example: Forrest City, Diploma, 2003)

High School or GED: \_\_\_\_\_

Trade or Vocational School: \_\_\_\_\_

College: \_\_\_\_\_

Military/Other: \_\_\_\_\_

2. Are you currently attending college or trade/vocational school?  YES  NO  
If YES, number of credit hours already completed toward degree/diploma: \_\_\_\_\_

3. Name of college or trade/vocational school you now attend or plan to attend?  
\_\_\_\_\_

4. What course of study (major) do you plan to pursue? \_\_\_\_\_

5. When do you expect to graduate? \_\_\_\_\_

6. How many credit hours do you now take or plan to take? \_\_\_\_\_

## C. Financial Information

1. Will you be working for income while you go to school?  YES  NO

2. Have you applied for a Pell Grant?  YES  NO

Have you been granted a Pell Grant?  YES  NO

Do you know the amount of the Grant?  YES  NO

If YES, give amount (Per semester): \_\_\_\_\_

If NO, you may apply on-line at [HTTP//www.fafsa.ed.gov](http://www.fafsa.ed.gov) or at you're your educational institution

3. What are your monthly expenses? (Please list dollar amount)

Housing	\$
Utilities:	
Electric	\$
Gas	\$
Water	\$
Phone	\$
Food	\$
Transportation (gas, tires, maintenance)	\$
Insurance Coverage	\$
Loan Payments	\$
Clothing, household goods	\$
Medical Costs (doctor, dentist, etc.)	\$
Child Care	\$
Other Expenses (Please list):	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

4. What are your monthly income and sources? (**Must list ALL incomes that apply -- including Social Security, Rehab, TEA Assistance, Child Support, Scholarship, Pell Grant, Work**)

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

5. Please list your employers for the last five years beginning with your present or most recent employers:

Name of Employer	Address	Job Title	From	To

**D. Application Checklist:**

7. A completed application (**Must be typed or completed in blue or black ink**)
8. A verification of St. Francis County residence – utility bills in your name (one at least six (6) months old and a current one **OR** a printout from the utility company for the past six (6) months) **OR** a copy of St. Francis County Real Estate Tax receipt **OR** a copy of Personal Property Taxes paid.
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11. Three (3) **typed** and **signed** letters of recommendation from people who are familiar with your character and goals (**Do NOT use relatives as references**)
12. Applicant’s statement of goals (Attach a **typed** personal statement explaining why you have chosen this course of study and what you hope to achieve)

Note: The Committee may require proof of income, custody, and/or marital status.

**YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:**

I hereby give permission for all information related to my financial aid to be released, upon request, to the Single Parent Scholarship Fund of St. Francis County (SPSFSFC). I give the SPSFSFC permission to use my picture for publicity purposes. I understand that this information will be used to acquire donations and other funding for the continuation of this scholarship program.

I understand the questions on this application and realize that hiding information, giving false information or failing to provide adequate verification may result in my application being denied and that such actions may impact consideration for future applications.

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Signature of Applicant

Date

**Single Parent Scholarship Fund of St. Francis County  
Applicant Questionnaire**

The purpose of this questionnaire is to provide information about the applicants to the Office of the Arkansas Single Parent Scholarship Fund (ASPSF). This information will be used for the measure of accurate statistical information that will provide an evaluation report to the parent organization. Your answers will not in any way help or hinder your opportunity to receive the scholarship from the St. Francis County affiliate of ASPSF.

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

How many children do you have? \_\_\_\_\_ Age(s): \_\_\_\_\_

Your intended profession category (Please check one):

- |  |                                    |   |   |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Health                | <input type="checkbox"/> Business  | <input type="checkbox"/> Computers            | <input type="checkbox"/> Law              |
| <input type="checkbox"/> Architecture          | <input type="checkbox"/> Education | <input type="checkbox"/> Engineering          | <input type="checkbox"/> Agriculture      |
| <input type="checkbox"/> Psychology/Counseling | <input type="checkbox"/> Science   | <input type="checkbox"/> Industrial/Technical | <input type="checkbox"/> Foreign Language |

**Thank you**