

# Single Parent Scholarship Fund of St. Francis County

## STATEMENT OF PURPOSE

To provide supplemental financial assistance (up to \$500 for full-time enrollment and up to \$350 for part-time enrollment 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 any other expenses related to educational pursuits.

## ELIGIBILITY

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

1. **All documentation must be present by the deadline in order for the application to be considered complete**
2. Resident of St. Francis County, Arkansas **(for the past 6 months)**
3. 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)**
4. A high school graduate or have obtained a GED
5. 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 Teaching (MAT).**
6. Must have applied for or received a Pell Grant
7. Must be a low-income person at or near the poverty level
8. Must have and maintain a 2.50 cumulative GPA in high school and/or college
9. Must be a full-time student (12 credit hours) or a part-time student (9 credit hours)
10. Must attend a scheduled interview

## INSTRUCTIONS **(Incomplete application packets WILL NOT be considered.)**

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

**The following documents must be submitted along with the application:**

1. A completed application **(Must use current application and must be typed)**
2. A verification of St. Francis County residency **for the past 6 months** – For example: *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. Does not apply for returning awarded recipients within an academic year.*
3. Most recent **official transcript** (High school or college – whichever is more recent)
4. A verification document of enrollment/acceptance **from Registrar's Office** at your institution. (Not a copy of class schedule.)
5. A verification document of application for Pell Grant from Financial Aid office at your institution or the award letter.
6. Three (3) **typed** and **signed** letters of recommendation, **including telephone number**, from people who are familiar with your character and goals **(Do NOT use relatives as references). Does not apply for returning awarded recipients within an academic year.**
7. 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)
8. Completed application packet must be mail and postmarked on or before deadline dates to:

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

Note: The Committee may require proof of any requested information.  
The Single Parent Scholarship is a competitive scholarship. All qualified applicants may not be selected. The status of program funds/or eligibility may change without notice. Scholarships are subjected to availability of funds.

**FALL Application Deadline – September 25**

**SPRING Application Deadline – February 25**

# Single Parent Scholarship Fund of St. Francis County

P.O. Box 2794  
Forrest City, AR 72336

## Application

**FALL Application Deadline – SEPTEMBER 25**  
**SPRING Application Deadline – FEBRUARY 25**

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     None

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 NO, go to question #3)

If YES, name of college or trade/vocational school: \_\_\_\_\_

If YES, current major or program: \_\_\_\_\_

If YES, number of credit hours for which you are currently enrolled: \_\_\_\_\_

If YES, when do you expect to graduate? \_\_\_\_\_

3. What college or trade/vocational school do you plan to attend? \_\_\_\_\_

What major or program do you plan to pursue? \_\_\_\_\_

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

## 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

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

Have you been awarded a Pell Grant?     YES     NO

Do you know the amount of the Grant?     YES     NO

If YES, give amount: \_\_\_\_\_

3. Have you awarded other grants or scholarships this academic year?     YES     NO

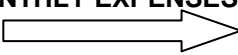
If YES, list grant/scholarship and amount:

\_\_\_\_\_

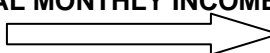
\_\_\_\_\_

\_\_\_\_\_

4. What are your monthly expenses? (Please list dollar amount paid by YOU.)

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>(Expenses must be totaled)</b> 	\$

5. What are your sources of monthly income? (**Must list ALL incomes that apply -- including Social Security, Rehab, TEA Assistance, Child Support, Work, etc.**)

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
<b>TOTAL MONTHLY INCOME</b> <b>(Income must be totaled)</b> 	\$

6. 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

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**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 |
| <input type="checkbox"/> Other, please specify: _____ |                                    |   |   |

**Thank you**