

STONE COUNTY SINGLE PARENT
SCHOLARSHIP APPLICATION

PLEASE PRINT IN INK OR TYPE ALL INFORMATION.

Please mark the semester you are applying for: _____ SPRING (Deadline December 20)
_____ FALL (Deadline August 20)

A. PERSONAL INFORMATION

1. Full Name _____ SS# _____
2. Mailing Address: _____ City: _____ Zip: _____
3. Residential Address (if different from above): _____
City: _____ Zip: _____
4. Home Phone # _____ Work Phone # _____ Message Phone # _____
5. Current age: _____ Date of Birth: _____
6. Marital Status:
____ SINGLE ____ MARRIED ____ DIVORCED ____ LEGALLY SEPARATED ____ WIDOWED
7. Including you, how many individuals are dependent on you for financial help or support? _____
8. Please list the ages of your children _____
9. Is anyone sharing your household expenses with you? YES _____ NO _____
10. 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
11. Have you previously applied for a Stone 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. Identify degree or number of credits earned. (Example: Mtn. View High School, Diploma 2000; GED Mtn. View 1997; ASU 1998-2002, 21 credits).
High School or GED: _____
Trade or Vocational School: _____
College: _____

Military/Other: _____

2. Are you currently attending college or school? YES _____ NO _____
If YES: How many credit hours have you completed toward your degree/diploma? _____
3. What college or school do 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. Will you be a full-time or part-time student? Full _____ Part _____
7. How many credit hours do you now take or plan to take? _____

C. FINANCIAL INFORMATION

1. What are your average monthly expenses? (Please list dollar amount)
- | | |
|--|-----------------|
| Housing | \$ _____ |
| Utilities (electric, gas, phone, water) | \$ _____ |
| Food | \$ _____ |
| Transportation (gas, tires, maintenance) | \$ _____ |
| Insurance coverage | \$ _____ |
| Loan payments | \$ _____ |
| Monthly payments | \$ _____ |
| Clothing, household goods | \$ _____ |
| Medical costs (check-ups, dentist, etc.) | \$ _____ |
| Child care | \$ _____ |
| Other expenses (please list) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL AVERAGE MONTHLY EXPENSES | \$ _____ |

2. Are you covered by any health or medical insurance? YES _____ NO _____
3. Will you be working for income while you go to school? YES _____ NO _____
If YES, how many hours each week will you work? _____
4. Please list sources of income in \$ figures in **Column A** if you derived income from that source in the **LAST 12** months. In **Column B**, list the \$ amount of sources of income that you will derive income from in the **NEXT 12** months. **If Column B is not completed, we cannot process your application.**

PLEASE INCLUDE ALL SOURCES SUCH AS FOOD STAMPS, HUD, OTHER SCHOLARSHIPS, ETC.

SOURCE OF INCOME	COLUMN A (LAST 12 MONTHS)		COLUMN B (NEXT 12 MONTHS)	
	PER MONTH	PER YEAR	PER MONTH	PER YEAR
Friends				
Family				
Employment				
Work Study				
Reserve Armed Forces				
Unemployment				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA Assistance				
Child Support				
Food Stamps				
V.A.				
Loans				
Scholarships				
Pell Grant				
TOTAL				

Other Grants or sources of income (please list): _____

TOTAL HOUSEHOLD INCOME FOR **PAST 12 MONTHS**: \$ _____

TOTAL HOUSEHOLD INCOME FOR **NEXT 12 MONTHS**: \$ _____

(OPTIONAL) Please include here anything else about your financial situation that would be helpful in evaluating your application in the space provided: _____

5. 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*

6. For what types of costs do you anticipate using the Single Parent Scholarship? _____

7. Please list your employers for the past five years beginning with your present or most recent employer:

Name of Employer	Address	Job Title	From – To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have not been employed outside the home, list some of your major home and community activities: _____

D. ADDITIONAL REQUIREMENTS

1. Please have three people (not related to you) write a letter of recommendation in your behalf and attach to this application. They should be familiar with your life experiences and with your 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 in its evaluation.
3. Please attach a copy of your high school diploma or college transcript (or GED certificate and test scores) to this application. Also, please provide **proof of enrollment** if this is your first semester to attend college.

You must sign and date the release statement below.

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 Stone County.

Signature of Applicant _____
Date