

INITIAL SCHOLARSHIP APPLICATION



PURPOSE:

This fund was established in 1996 under the auspices of the Arkansas Single Parent Scholarship Fund to encourage single parents to continue their education. The fund provides **supplemental financial assistance** to recipients residing in Van Buren County, Arkansas, 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, etc.

* Applicants must complete a renewal application for each semester a scholarship is sought.

CRITERIA:

Recipients selected for financial assistance will meet the following criteria:

- Resident of Van Buren County, Arkansas.
- Single head of household (single, separated, divorced, widowed) with sole custody of children under the age of eighteen.
- Low income person at or near the poverty level.
- High School graduate or equivalent (may apply if enrolled in college and in process of obtaining GED diploma).
- Pursuing an undergraduate course of study, to ensure a better standard of living for her/his family. Applicants cannot already have earned a baccalaureate level degree.
- Recipient of a Pell Grant or in the process of obtaining same.
- Maintain the accumulated grade point average established by the teaching institution for graduation.

REQUIREMENTS:

The following documents need to be submitted in addition to the attached application form:

1. Statement of applicant's goals.
2. Three letters of recommendation from people who are familiar with your character and goals. Relatives may not be used as references.
3. Documentation in support of single parent status.
4. Copy of most recent Income Tax Form (Form 1040)
5. Transcript of high school or college work (whichever is more recent).
6. Verification of college/school enrollment or acceptance.
7. Verification of Pell Grant Award or Denial.

DEADLINES:

Fall Semester: July 15
Spring Semester: December 1
Summer Semester: May 15

FINANCIAL INFORMATION

14. Is anyone sharing your household expenses with you? Yes No

Please check the following and initial:

- a. I am the head of the household
- b. At least one of my children is under 18 years of age

15. 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(please list): _____

I do not receive any assistance from relatives or friends.

16. If you answer Yes to #15 above please check one of the following:

- a. I live in the same household with my relatives(s)
- b. I live in a separate household from my relatives(s)

17. Please list all persons living in your household who are not related to you and indicate their monthly annual contribution to your income. Show total on the "Friends" row in #21.

Name	Monthly Amount	Annual Amount
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Grand Total	\$ _____	\$ _____

18. Are you covered by any health or medical insurance? Yes No

19. Will you be working for income while you go to school? Yes No

If yes, how many hours each week will you work? _____

20. What are your average **monthly and annual** expenses? (Please list in dollar amounts)

	<u>Monthly</u>	<u>Annual</u>
Housing	\$ _____	\$ _____
Utilities (elec/gas/phone/water)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation (gas/tires/maintenance)	\$ _____	\$ _____
Insurance Coverage	\$ _____	\$ _____
Loan Payments	\$ _____	\$ _____
Clothing/Household Goods	\$ _____	\$ _____
Medical Costs	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Total Tuition and Book (List on separate sheet)	\$ _____	\$ _____
Total Other Expenses (List on separate sheet)	\$ _____	\$ _____
TOTAL AVERAGE EXPENSES	\$ _____	\$ _____

21. Indicate on the next page the amount of income in Column A you derived from all sources in the Last 12 months and in Column B income you will derive from all sources in the NEXT 12 months. PLEASE INCLUDE ALL SOURCES.

	COLUMN A Amount of income received last 12 months		COLUMN B Amount of income expected next 12 months	
	Per Month	Annual	Per Month	Annual
Friends				
Family				
Employment				
Work Study				
Reserved Armed Forces				
Unemployment Benefits				
Social Security				
Rehabilitation				
HUD Rental Assistance				
AFDC				
Child Support				
Food Stamps				
Loans				
VA				
State Scholarship				
Pell Grant				
JTPA Grant				
TEA Grant				
Earned Income Credit				
Other (Please List):				
TOTAL INCOME				

22. Summary of Annual Income and Expenses **for last 12 months.**

c. Total Income \$ _____

d. Total Expenses \$ _____

e. Balance \$ _____

f. If expenses are greater than income please explain how deficit is made up:

23. Grant Applications

g. Pell Grant

Have you applied for a Pell Grant? ___ Yes ___ No

Have you been granted a Pell Grant? ___ Yes ___ No

Give amount per semester \$ _____

h. WIA/NADC (Workforce Investment Act/North Arkansas Development Center) Grant

Have you applied for this Grant? ___ Yes ___ No

Has this been granted? ___ Yes ___ No

Give amount per semester \$ _____

24. Have you previously applied for a Single Parent Scholarship? ___ Yes ___ No

Were you awarded a Single Parent Scholarship? ___ Yes ___ No

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

26. 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
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27. Please list your major home and community activities for the past five years.

NOTE: Please include anything else about your financial situation that would be helpful in evaluating your application in the required separate statement of applicants' goals.

EDUCATIONAL INFORMATION

28. Have you previously earned a bacallaureate level degree? Yes ___ No ___

29. List schools attended or training received. Give names and dates.
(Example: West Side High School, Diploma, 1985; GED, Shirley, 1992)

Grade School _____
High School or GED _____
Trade or Vocational School _____
College _____
Military _____

30. What course of study (major) do you plan to pursue? _____

31. When do you expect to graduate? _____

32. What is your current cumulative grade point average? _____

33. If you are a college student, how many semester hours do you plan to carry? _____

34. Will you be a full-time or part-time student? ___ FULL ___ PART TIME

35. How did you hear about the Single Parent Scholarship? _____

I hereby certify that all information on the above application is true and correct to the best of my knowledge.

Applicant's Signature

Please Print Name

Date

The following is OPTIONAL but your assistance in these areas is greatly appreciated:

I hereby give permission for the use of information about my background, experiences and academic accomplishments in promotional materials.

Yes, with my name ___ Yes, but anonymously ___ No ___

I would be willing to speak at civic clubs, churches, or other engagements in which members of the community want to learn about the activities of the Single Parent Scholarship Fund.

Yes ___ No ___

RELEASE OF INFORMATION

I hereby give permission for all financial and academic information related to my application for a Single Parent Scholarship including financial aid, number of hours of enrollment, and grades to be released, upon request, to the Single Parent Scholarship Fund of Van Buren County. I also agree to participate in follow up research conducted by SPSFVBC after I am no longer receiving scholarship awards and hereby give permission to SPSF/VBC to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

Signature of Applicant

Date

SCHOLARSHIP APPLICATION CHECK-LIST

Include each of the following:

- Completed application (pages 1 through 5).
- Signed Release of Information Form, page 6.
- Statement of applicant's goals. Please explain:
 - Your goals for your life in general and your goals for attending school.
 - Why you chose this particular course of study and what you plan to achieve.
 - Include any information about yourself which might be helpful to the SPSF Committee in its evaluation of your application.
 - Complete the sentence: By receiving this grant I will be able to.....
- Three letters of recommendation. These people should be familiar with your life experiences and character. Persons to be considered are: employers, teachers, friends, ministers, etc. Letters from family members will automatically cause rejection of application.
- Documentation in support of single parent status such as copies of Dependent's Birth Certificates, Divorce or Legal Separation Decrees, Death Certificates.
- Copy of most recent Income Tax Form (Form 1040).
- Transcript of high school or college work (whichever is more recent).
- Verification of college/school enrollment or acceptance.
- Verification of Pell Grant Award or Denial.

PLEASE NOTE:

THIS APPLICATION WILL NOT BE CONSIDERED
IF

- 1) THE APPLICATION IS NOT COMPLETED IN ITS ENTIRETY**
AND
2) THE MATERIALS INDICATED ABOVE ARE NOT ATTACHED

Please return to:

Single Parent Scholarship Fund of Van Buren County

% Robert Hadley, Chair

250 Dave Creek Parkway

Fairfield Bay, Arkansas 72088

501/884-3304