

RENEWAL 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 may complete the Renewal Application once they have received a previous scholarship from the Single Parent Scholarship Fund of Van Buren County, as long as they are attending consecutive semesters.**

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 a vocationally-oriented 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. Copy of most recent Income Tax Form (Form 1040). Required once a year.
2. Transcript of college work.
3. Verification of college/school enrollment or acceptance.
4. 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

Name of nearest relative who will always know where/how to reach you: _____

Relationship to you: _____ Phone #: _____

Address: _____
Number and Street Apartment # City State Zip Code

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

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

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

- a. Total Income \$ _____
- b. Total Expenses \$ _____
- c. Balance \$ _____
- d. If expenses are greater than income please explain how deficit is made up:

18. Grant Applications

e. Pell Grant

Have you applied for a Pell Grant? Yes No

Have you been granted a Pell Grant? Yes No

Give amount per semester \$ _____

f. 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 \$ _____

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

Were you awarded a Single Parent Scholarship? Yes No

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

EDUCATIONAL INFORMATION

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

22. When do you expect to graduate? _____

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

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

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

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 SPSF/VBC 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 3).
- Signed Release of Information Form, page 3.
- Copy of most recent Income Tax Form (Form 1040). Required once a year.
- Transcript of college work.
- 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